FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 0 1 3 1 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 27930107347

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC D D " D 28 12 1.1 2006 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 941820.56 [°]2006 January 1 (b) Cash on Hand at 799166.04 Begining of Reporting Period 272154.32 1675164.76 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1071320.36 2616985.32 6(a) and 6(c) for Column B) 32532.78 1578197.74 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1038787.58 1038787.58 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

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Report Covering the Period:

From:

^D 2^B

^Y 2 0 0 6

To:

м м 1 2 ^D 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	168011.84	724073.44
	(ii) Unitemized	72662.23	388857.58
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	240674.07	1112931.02
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	240674.07	1119597.02
	Transfers From Affiliated/Other Party Committees	30907.29	521045.29
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	29000.00
	to Federal candidates and Other Political Committees	0.00	1500.00
	Other Federal Receipts (Dividends, Interest, etc.)	572.96	4022.45
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	272154.32	1675164.76
	Total Federal Receipts (subtract Line 18(c) from Line 19)	272154.32	1675164.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	532.78	50365.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	532.78	50365.63
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	32000.00	1258897.82
Independent Expenditure (use Schedule E)	0.00	267394.29
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	1540.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1540.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32532.78	1578197.74
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	32532 78	1578197.74
from Line 31)	32532.78	1578197

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	240674.07	1119597.02
34.	Total Contribution Refunds (from Line 28(d))	0.00	1540.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	240674.07	1118057.02
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	532.78	50365.63
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	29000.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	532.78	21365.63

COLIEDIU E A /EEO Eown OV)				FOR LINE NUMBER: PAGE 6 / 226
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.			Date of Receipt
	Mailing Address 1101 N. Kentucky Stree	et		11 29 2006
	City	State	Zip Code	Transaction ID: 13439247
	Arlington	VA	22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼		State Issues Forum Year-to-Date 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Gordon Lewis			Date of Receipt
٥.	Mailing Address 2000 Campbell Drive	M M / D D / Y Y Y Y Y 1 1 1 2 9 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13439253
	Torrington	WY	82240-1528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Community Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark R Stoddard			Date of Receipt
	Mailing Address 48 West 1500 North			11 29 2006
	City	State	Zip Code	Transaction ID: 13439262
	Nephi	UT	84648-8900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Central Valley Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate]
s	UBTOTAL of Receipts This Page (optional))	1000.00

COLLEDING A (FEO Forms OV)		1		FOR LINE NUMBER: PAGE 7 / 226		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt		
	Mailing Address One North Franklin Stre	et		11 29 2006		
	City	State	Zip Code	Transaction ID: 13439277		
	Chicago	IL	60606	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)		n sident, Meetings & Travel Se Year-to-Date ▼ 250.00	rv		
— В.	Full Name (Last, First, Middle Initial) Mr. Jim L Mayo			Date of Receipt		
	Mailing Address 1250 South 18th Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13440802		
	Fernandina Beach	FL	32034-3098	Amount of Each Receipt this Period		
			320.000			
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Baptist Medical Center Na-	Occupation				
	ssau	Administ				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Steven B. Poage			Date of Receipt		
	Mailing Address 3401 SW Alameda			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13442640		
	Topeka	KS	66614-5109	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Kansas Hospital Associati- on	Occupation Vice Pres	n sident/CFO			
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
\vdash						

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ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Gerald J Marquette			Date of Receipt
	Mailing Address 1400 West Fourth			11 28 2006
	City	State	Zip Code	Transaction ID: 13442642
	Coffeyville	KS	67337-3306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Coffeyville Regional Medi- cal Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nancy Allen			Date of Receipt
	Mailing Address P.O. Box 129		11 28 2006	
	City	State	Zip Code	Transaction ID: 13442644
	Lawton	OK	73502-0129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Comanche County Memorial	Occupation		
	Hospital		, Medical Account Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
				1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer			Date of Receipt
	Mailing Address 325 Maine Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13442665
	Lawrence	KS	66044-1360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Lawrence Memorial Hospital	Occupation President	n t and Chief Executive Office	 r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		625.00	1
	Other (specify) ▼		020.00	
s	UBTOTAL of Receipts This Page (optional)			975.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 9/226	
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or	y information copied from such Reports and Sta for commercial purposes, other than using the i	solicit contributions from	such committee.			
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
\angle	•					
	Full Name (Last, First, Middle Initial)			D		
Α.	Mr. John C. Peterson			Date of Receipt		
	Mailing Address 2841 SW Plass Avenue)		1 1 2 8	2006	
	City	State	Zip Code	Transaction ID: 13		
	Topeka	KS	66611-1629	Amount of Each Re		
	FEC ID number of contributing			7 IIII GUILLO II ZUGII I LO	 	
	federal political committee.	C			250.00	
	Name of Franksia	10				
	Name of Employer Capitol Strategies, LLC/K-	Occupation Consultat				
	ansas Hospita Receipt For:		Year-to-Date ▼			
	Primary General	riggrogato	Tear to Bate V			
	Other (specify) ▼		250.00			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address P O Box 1289			1 1 2 8	2006	
	City	State	Zip Code	Transaction ID: 13442673		
	Manhattan	KS	66505-1289	Amount of Each Re		
			00303-1209	Amount of Each Ne	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	·					
	Name of Employer Mercy Regional Health Cen-	Occupation				
	ter	1	t and Chief Executive Officer	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial)					
C.	Mr. Steven D Wilkinson			Date of Receipt		
	Mailing Address 5721 West 119th Street	t		M M / D D D 1 1 1 2 8	2006	
	City	State	Zip Code	Transaction ID: 13		
	Overland Park	KS	66209-3722	Amount of Each Re		
	FEC ID number of contributing			7 IIII GUILLO II ZUGII I LO	 	
	federal political committee.	C			250.00	
N (F)		10				
	Name of Employer Menorah Medical Center	Occupation	n t and Chief Executive Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General	riggrogato	Tear to Bate V			
Other (specify)			250.00			
s	UBTOTAL of Receipts This Page (optional)				750.00	
			<u> </u>			
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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Irene M Cumming			Date of Receipt			
	Mailing Address 3901 Rainbow Boulevar	d		11 28 2006			
	City	State	Zip Code	Transaction ID: 13442697			
	Kansas City	KS	66160-0001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer University of Kansas Hosp- ital	Occupation Chief Exe	n ecutive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		500.00	1			
	Other (specify) ▼	0 0	500.00				
	Full Name (Last, First, Middle Initial)			Date of Descript			
О.	Mr. Kevin P Conlin			Date of Receipt			
	Mailing Address 3720 East Bayley			11 28 2006			
	City	State	Zip Code	Transaction ID: 13442706			
	Wichita	KS	67218-3002	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Via Christi Health System	Occupation President	n t and Chief Executive Office	_ r			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		500.00	1			
	Other (specify) ▼		500.00				
_	Full Name (Last, First, Middle Initial)						
C.				Date of Receipt			
	Mailing Address 9 Marrob Court			12 04 2006			
	City	State	Zip Code	Transaction ID: 13489385			
	Columbia	SC	29203-9103	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Palmetto Health Alliance	Occupation Sr. Vice I	n President, Community Servi	— ces			
	Receipt For:		e Year-to-Date ▼	7			
	Primary General		050.00	1			
	Other (specify)		250.00				
_							
				4050.00			
S	UBTOTAL of Receipts This Page (optional)		······	1250.00			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 11 / 226		
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Or		SOlicit Contributions from s	auch committee.			
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)					
Α.	Mr. Robert Z. Vovak			Date of Receipt		
	Mailing Address 9326 Perglen Road			12 04	2006	
	City	State	Zip Code	Transaction ID: 13		
	Baltimore	MD	21236-1628	Amount of Each Red		
			21200 1020	Amount of Laciffied	Jeipt tills i ellou	
	FEC ID number of contributing federal political committee.	C			600.00	
	Name of Employer Maryland Hospital Associa-	Occupation	า			
	tion tion	Sr. Vice I	President & CFO			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		600.00			
	Other (specify) ▼	0 0				
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 12891 Eagles View Roa	12 04	2006			
	City	Zip Code	Transaction ID: 13			
	Phoenix	State MD	21131-2312	Amount of Each Receipt this Period		
			21101 2012	Amount of Lacif Net	Jeipt tills Fellod	
	FEC ID number of contributing federal political committee.	C			600.00	
	Name of Employer Maryland Hospital Associa-	Occupation				
	tion		President, Finance			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		600.00			
		0 0				
C.	Full Name (Last, First, Middle Initial) Mrs. Jennie R Rhinehart			Date of Receipt		
	Mailing Address 805 Friendship Road			M M / D D		
				12 01	2006	
	City	State	Zip Code	Transaction ID: 13	491281	
	Tallassee	AL	36078-1234	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing	С			501.00	
	federal political committee.					
	Name of Employer	Occupation	1	1		
Community Hospital		Administ	rator and Chief Executive Offi	i		
	Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼			501.00			
			301.00			
s	UBTOTAL of Receipts This Page (optional)				1701.00	
T	OTAL This Period (last page this line number of	only)	>			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 226		
•			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr Kenny Craik			Date of Receipt		
	Mailing Address 3091 Carter Hill Road			12 01 2006		
	City	State	Zip Code	Transaction ID: 13491282		
	Montgomery	AL	36111-1801	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Gilliard Health Services	Occupation Chief Fin	n ancial Officer			
	Receipt For:	1	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Dennis A Popp			Date of Receipt		
	Mailing Address P O Box 218			M M / D D / Y Y Y Y		
	011	01-1-	7'- 0-4-	12 04 2006		
	City	State	Zip Code	Transaction ID: 13502759		
	Enumclaw	WA	98022-0218	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Enumclaw Community Hospit-	Occupation				
	al		rator and Chief Executive Of	fi 		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify)	_ ' '	250.00			
	Otrier (specify)	0 0	1 1 1 1 1 1			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David E Jaffe			Date of Receipt		
	Mailing Address 325 Ninth Avenue, Box	359717		M M / D D / Y Y Y Y		
				12 04 2006		
	City	State	Zip Code	Transaction ID: 13502760		
	Seattle	WA	98104-2499	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.			200.00		
	Name of Employer Harborview Medical Center	Occupation				
	Receipt For:	Executive	e Director • Year-to-Date ▼	_		
	Primary General	Aggregate	Freai-io-Dale ▼			
	Other (specify)		250.00			
	Ca.c. (Specif) \					
	I					
_	UBTOTAL of Receipts This Page (optional)			750.00		
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ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John Wallen			Date of Receipt
	Mailing Address 2520 Cherry Avenue			12 04 2006
	City	State	Zip Code	Transaction ID: 13502761
	Bremerton	WA	98310-4229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harrison Medical Center	Occupation CEO	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00]
— В.	Full Name (Last, First, Middle Initial) Mr. James Leonard			Date of Receipt
٥.	Mailing Address 413 Lilly Road NE			M M / D D / Y Y Y Y
	The state of the s			12 04 2006
	City	State	Zip Code	Transaction ID: 13502762
	Olympia	WA	98506-5166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence St. Peter Hosp-	Occupation Administr		
	ital Receipt For:		Year-to-Date V	
	Primary General	Aggregate	r rear-to-bate ¥	1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gregg A Davidson			Date of Receipt
٠.	Mailing Address P O Box 1376			M M / D D / Y Y Y Y
				12 04 2006
	City	State	Zip Code	Transaction ID: 13502775
	Mount Vernon	WA	98273-1376	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Skagit Valley Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
_				
				750.00
L	UBTOTAL of Receipts This Page (optional)			
1				

SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 14/226
			Use separate schedule(s)	(check only one)	, ===
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c
			Detailed Summary Page	13 114	15 16 17
Αn	y information copied from such Reports and Stat	ements may	not be sold or used by any perso		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\	American Hospital Association PAC				
/	American Floopital Accordation 1 Acc				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Jon D Smiley			Date of Receipt	
	Mailing Address P O Box 719				/ Y Y Y Y
				12 04	2006
	City	State	Zip Code	Transaction ID: 13	3502776
	Sunnyside	WA	98944-0719	Amount of Each Re	eceipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	Name of Employer Sunnyside Community Hospi-	Occupation			
	tal		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)				
2	Full Name (Last, First, Middle Initial) Mr. J. Michael Rona			Date of Receipt	
٠.	Mailing Address 9004 North Mercer Way		/ Y		
	Walling Address 9004 NOTH Mercel Way		12 04		
	City	Zip Code	Transaction ID: 13	3502777	
	Mercer Island	98040-3141	Amount of Each Re		
		WA	00010 0111	Amount of Each Fit	· · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Virginia Mason Medical Ce-	Occupation	า		
	nter .	President	t		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)			Data of Dagaint	
٠.	Mr. Len McComb Mailing Address 300 Flliott Avenue West			Date of Receipt	
	Mailing Address 300 Elliott Avenue West Suite 300			12 04	
	City	State	Zip Code	Transaction ID: 13	
	Seattle	WA	98119-4198	Amount of Each Re	
	•	VV/	36110 4130	Amount of Laciffic	eceipt triis i eriou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Washington State Hospital	Occupation	1		
	Association	Lobbyist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
					750.00
S	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number on	ly))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 15/226
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicitions from	ting contributions such committee.
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to		
$ \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ac				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Bigelow Bennett			Date of Receipt	
	Mailing Address 300 Elliott Avenue Wes	it		1 2 0 4	2006
	Suite 300 City	State	Zip Code		
	Seattle	WA	98119-4198	Transaction ID: 13	
		WA	30113-4130	Amount of Each Re	ceipi inis Penod
	FEC ID number of contributing federal political committee.	C			450.00
	·				
	Name of Employer Washington State Hospital	Occupation			
	Association	Administ		_	
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		450.00		
	Cirici (Specify)	1	0 0 0 0 0 0 0	1	
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1175 SW 296th Street			M M / D D	/ Y Y Y Y
	-			12 04	2006
	City	State	Zip Code	Transaction ID: 13	
	Federal Way	WA	98023-8251	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer Franciscan Health System	Occupation	n		
	Franciscan Health System	Presiden	t & CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		300.00		
	Full Name (Last, First, Middle Initial)			+	
C.	Mr. John Fletcher			Date of Receipt	
	Mailing Address 506 Second Avenue			M M / D D	/ Y Y Y Y
	Suite 1200			12 04	2006
	City	State	Zip Code	Transaction ID: 13	502781
	Seattle	WA	98104-2343	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				000.00
	Name of Employer	Occupation	n	7	
	Providence Health System	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
_					
					1450.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>		
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Į ľ	OTAL This Period (last page this line number of	ייווע)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 226		
	•	Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Ryland (Skip) Davis			Date of Receipt		
	Mailing Address 101 West Eighth Avenu	е		12 04 2006		
	City	State	Zip Code	Transaction ID: 13502782		
	Spokane	WA	99204-2307	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer Sacred Heart Medical Cent- er	Occupation Chief Exe	n ecutive Officer			
	Receipt For:		e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial) Mr. John R White			Date of Receipt		
٠.	Mailing Address 801 East Wheeler Road	<u> </u>		M M / D D / Y Y Y Y		
		•		12 04 2006		
	City	State	Zip Code	Transaction ID: 13502783		
	Moses Lake	WA	98837-1820	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Samaritan Healthcare	Occupation	n t and Chief Executive Office			
	Receipt For:	1	Year-to-Date ▼	+		
	Primary General	1.99.19		1		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Richard H Peterson			Date of Receipt		
	Mailing Address 747 Broadway Avenue			12 04 2006		
	City	State	Zip Code	Transaction ID: 13502784		
	Seattle	WA	98122-4379	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer Swedish Health Services		t and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼	0 0	500.00			
_						
				1500.00		
Ls	UBTOTAL of Receipts This Page (optional)		······	1000.00		
1						

	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 226
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Victoria S. Galanti			Date of Receipt
	Mailing Address 300 Elliott Avenue W. Ste. 300			12 / 04 / 2006
	City	State	Zip Code	Transaction ID: 13502785
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Washington State Hospital Association	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Nancy J Bitting			Date of Receipt
	Mailing Address 2901 Squalicum Parkwa	ay		12 04 2006
	City	State	Zip Code	Transaction ID: 13502786
	Bellingham	WA	98225-1851	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	federal political committee. Name of Employer St. Joseph Hospital	Occupation	n Chief Executive Officer	
	Name of Employer	Occupation Regional		
	Name of Employer St. Joseph Hospital	Occupation Regional	Chief Executive Officer]
 D.	Name of Employer St. Joseph Hospital Receipt For: Primary General	Occupation Regional	Chief Executive Officer e Year-to-Date ▼	Date of Receipt
.	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Regional	Chief Executive Officer e Year-to-Date ▼ 500.00	12 07 2006
D .	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City	Occupation Regional Aggregate	Chief Executive Officer e Year-to-Date ▼ 500.00 Zip Code	M M / D D / Y Y Y Y
C .	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S.	Occupation Regional Aggregate	Chief Executive Officer e Year-to-Date ▼ 500.00	12 07 2006
C .	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City	Occupation Regional Aggregate	Chief Executive Officer e Year-to-Date ▼ 500.00 Zip Code	1 2 0 7 2 0 0 6 Transaction ID: 13505721
	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City Avon FEC ID number of contributing	Occupation Regional Aggregate State IN	Chief Executive Officer Year-to-Date ▼ 500.00 Zip Code 46123-8338	Transaction ID: 13505721 Amount of Each Receipt this Period
D.	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City Avon FEC ID number of contributing federal political committee. Name of Employer Clarian West Medical Center Receipt For: Primary General	State IN C Occupation CEO	Chief Executive Officer Year-to-Date ▼ 500.00 Zip Code 46123-8338	Transaction ID: 13505721 Amount of Each Receipt this Period
C.	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City Avon FEC ID number of contributing federal political committee. Name of Employer Clarian West Medical Center Receipt For:	State IN C Occupation CEO	Chief Executive Officer Year-to-Date ▼ 500.00 Zip Code 46123-8338	Transaction ID: 13505721 Amount of Each Receipt this Period 250.00
S.	Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City Avon FEC ID number of contributing federal political committee. Name of Employer Clarian West Medical Center Receipt For: Primary General	State IN C Occupation CEO Aggregate	Chief Executive Officer Year-to-Date ▼ 500.00 Zip Code 46123-8338	Transaction ID: 13505721 Amount of Each Receipt this Period 250.00

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 18 / 226		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and St	atements may	y not be sold or used by any ners			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. James J. Myers			Date of Receipt		
	Mailing Address 2626 Windermere Woo	ds Drive		12 07 Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13505766		
	Bloomington	IN	47401-5451	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Bloomington Hospital	Occupation CFO	1			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		250.00			
	cance (opening) 🔻	0 0		4		
В.	Full Name (Last, First, Middle Initial) Mr. Martin Padgett			Date of Receipt		
	Mailing Address P O Box 69			12 07 2006		
	City	State	Zip Code	Transaction ID: 13505770		
	Jeffersonville	IN	47131-0600	Amount of Each Receipt this Period		
	•		47101 0000			
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Clark Memorial Hospital	Occupation	1			
	Clark Memoriai Hospitai		t and Chief Executive Office	<u>r</u>		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00]		
	Other (specify) ▼	0 0		.1		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Stewart			Date of Receipt		
J .	Mailing Address 1535 N. Park Ave.			M M / D D / Y Y Y Y		
				12 07 2006		
	City	State	Zip Code	Transaction ID: 13505793		
	Indianapolis	IN	46202-2608	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer Heart Center of Indiana,	Occupation		7		
	The	Hospital		_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-		
	Other (specify)		400.00			
	Caron (opcony) 🔻	1 1	0 0 0 0 0 0 0	1		
6	UBTOTAL of Receipts This Page (optional)			900.00		
\vdash	CETTE OF TOOOPER THIS Fage (optional)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Milton Triana			Date of Receipt
	Mailing Address 1500 South Lake Park Av	venue		12 7 2006
	City	State	Zip Code	Transaction ID: 13505803
	Hobart	IN	46342-6638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Mary Medical Center (Hobart)	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	E II Nove (Lost Eiget Middle 1974)			
3.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari			Date of Receipt
	ailing Address 325 Seventh Street, NW Suite 700			12 07 2006
	City	State	Zip Code	Transaction ID: 13505854
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		e Director, Federal Relations Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate		
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Ms. Suzanne Raab-Long			Date of Receipt
	Mailing Address 1280 South Governors A	venue		1 2 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13505855
	Dover	DE	19904-4802	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Delaware Healthcare Assoc-	Occupation Interim P	ո resident & VP Prof. Services	
	iation Receipt For:		Year-to-Date V	<u>'</u>
	Primary General	33 13		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	, , ,		•	
T	OTAL This Period (last page this line number onl	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 226
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Joseph Connolly			Date of Receipt
Mailing Address 56 Franklin Street			12 07 2006
City	State	Zip Code	Transaction ID: 13506590
Waterbury	CT	06706-1221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Saint Mary's Hospital	Occupation Director	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Mr. John H Tobin			Date of Receipt
Mailing Address 64 Robbins Street			12 07 2006
City	State	Zip Code	Transaction ID: 13506594
Waterbury	СТ	06708-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Waterbury Hospital	Occupation President	n and Chief Executive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom			Date of Receipt
Mailing Address 789 Howard Avenue			1 2 0 7 2 0 0 6
City	State	Zip Code	Transaction ID: 13506595
New Haven	СТ	06519-1304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Yale New Haven Health Sys-	Occupation		
tem Receipt For:		and Chief Executive Officer Year-to-Date ▼	
Primary General	riggrogato		1
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number on	ly))	

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ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	, not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Stephen A. Frayne			Date of Receipt
	Mailing Address 411 Old Sherman Hill R			12 07 2006
	City	State	Zip Code	Transaction ID: 13506596
	Woodbury	СТ	06798-4003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres	n sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
3.	Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler			Date of Receipt
	Mailing Address 31 Prospect Place			12 07 2006
	City	State	Zip Code	Transaction ID: 13506597
	Bristol	CT	06010-5045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		500.00	1
		0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Patrick Charmel			Date of Receipt
	Mailing Address 130 Division Street			12 07 2006
	City	State	Zip Code	Transaction ID: 13506598
	Derby	CT	06418-1326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Griffin Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	1 1	E00.00	1
	Other (specify)	0 0	500.00	
sı	JBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	าlv)		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
		Detailed Summary Page				
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner			Date of Receipt		
	Mailing Address P O Box 100			12 07 2006		
	City	State	Zip Code	Transaction ID: 13506599		
	New Britain	CT	06050-0100	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer New Britain General Hospi- tal		and Chief Executive Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
В.	Full Name (Last, First, Middle Initial) Mr. Robert Gerard Kiely			Date of Receipt		
	Mailing Address 28 Crescent Street			12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13506600		
	Middletown	CT	06457-3654	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Middlesex Hospital	Occupation President	n t and Chief Executive Office			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General		500.00	1		
	Other (specify) ▼	0 0		1		
C .	Full Name (Last, First, Middle Initial) Mr. Patrick J. Monahan, II			Date of Receipt		
	Mailing Address 2 O'Neil Lane			12 07 2006		
	City	State	Zip Code	Transaction ID: 13506601		
	Branford	CT	06405-3300	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Connecticut Hospital Asso- ciation	Occupation VP & Ger	n neral Counsel			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
<u>s</u>	UBTOTAL of Receipts This Page (optional)			1500.00		
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SCHEDULE A (FEC Form 3X) Use separate sched			Use separate schedule(s)	FOR LINE NU	PAGE 23 / 226	
ITEMIZED RECEIPTS			or each category of the	(check only on	e)	_
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose	of soliciting	contributions
OI		name and add	dress of any political committee to	SOIICIT CONTINUUTO	IIS ITOITI SUC	n committee.
	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
<u></u>	Full Name (Last, First, Middle Initial)					
Α.	Mr. James D. Iacobellis			Date of Red	ceipt	
	Mailing Address 110 Barnes Road			M M /	D D /	YYYY
				1 2	0 7	2006
	City	State	Zip Code	Transaction	n ID: 1350	6602
	Wallingford	CT	06492-1802	Amount of	Each Receip	ot this Period
	FEC ID number of contributing					E00.00
	federal political committee.	C			1 1 1	500.00
	V (5)	10 "		_		
	Name of Employer Connecticut Hospital Asso-	Occupation		_		
	ciation		sident, Government Relations e Year-to-Date T	5		
	Receipt For: Primary General	Aggregate	e real-lo-Dale ▼			
	Other (specify)	' '	500.00			
	Curici (Speelity)	1	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Red	ceipt	
	Mailing Address P O Box 5000			M M /	D D /	Y Y Y Y Y
				1 2	0 7	2006
	City	State	Zip Code	Transaction	n ID: 1350	6603
	Bridgeport	CT	06610-0120	Amount of	Each Receip	ot this Period
	FEC ID number of contributing	C				500.00
	federal political committee.					000.00
	Name of Employer	Occupation	n	-		
	Name of Employer Bridgeport Hospital		t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General					
	Other (specify) ▼	1	500.00			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. John J Meehan			Date of Red	•	
	Mailing Address P O Box 5037			1 2	07	2006
	City	State	Zip Code	Transaction		
	Hartford	CT	06102-5037			ot this Period
	FEC ID number of contributing			7 tillodille of	Lacinitodon	
	federal political committee.	C				500.00
				_		
	Name of Employer Hartford Hospital	Occupation				
	·		t and Chief Executive Officer	_		
	Receipt For:	Aggregate	e Year-to-Date ▼	.]		
	Primary General Other (specify) ▼		500.00			
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_	UBTOTAL of Receipts This Page (optional)					1500.00
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COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 24 / 226		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 11	7	
Δr	y information copied from such Reports and St	atemente may	y not be sold or used by any perso		<u>'</u>	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				_	
$ \rangle$	American Hospital Association PAC					
\angle	·					
	Full Name (Last, First, Middle Initial)			5		
Α.	Mr. John J. Brady, III			Date of Receipt		
	Mailing Address 5 Lynnbrook Road			12 07 2006		
	City	State	Zip Code	Transaction ID: 13506605		
	Trumbull	CT	06611-3308	Amount of Each Receipt this Period	_	
	FEC ID number of contributing	- '			i	
	federal political committee.	C		500.00	ı	
		1.		_		
	Name of Employer Connecticut Hospital Asso-	Occupation				
	ciation		sident, Business Developme	nt &		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	500.00			
	caller (opeon)/ •		1 1 1 1 1 1 1	1		
_	Full Name (Last, First, Middle Initial)				_	
В.				Date of Receipt		
	Mailing Address 435 Lewis Avenue			M M / D D / Y Y Y Y		
	0::		7' 0 1	12 07 2006		
	City	State	Zip Code	Transaction ID: 13506606		
	Meriden	CT	06451-2101	Amount of Each Receipt this Period	1	
	FEC ID number of contributing federal political committee.	C		500.00	ı	
	Name of Employer MidState Medical Center	Occupation				
			t and Chief Executive Office			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		500.00			
	Cirici (Specify)	-		.1		
_	Full Name (Last, First, Middle Initial)			+	_	
C.	Mr Kyle Ballou			Date of Receipt		
	Mailing Address 20 York Street			M M / D D / Y Y Y Y		
	Cit.	Ctoto	7in Code	12 07 2006		
	City New Haven	State CT	Zip Code	Transaction ID: 13506607	_	
		- C1	06510-3220	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00	ı	
	Name of Employer Yale-New Haven Hospital	Occupation				
			rative Director Community a	nd —		
	Receipt For:	Aggregate	e Year-to-Date ▼	_		
	Primary General Other (specify) ▼		250.00			
	Other (specify) \	0 0		.1		
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•	UBTOTAL of Receipts This Page (optional)			1250.00		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 226
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the national state of the stat	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Richard A Brvenik, , FACHE			Date of Receipt
	Mailing Address 112 Mansfield Avenue			12 07 2006
	City	State	Zip Code	Transaction ID: 13506608
	Willimantic	CT	06226-2041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Windham Community Memorial Hospital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Mary Lyon			Date of Receipt
ъ.	Mailing Address 12 Wildlife Drive			─
	City	12 07 2006		
	•	State CT	Zip Code	Transaction ID: 13506609
	Wallingford	- Ci	06492-5346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	
	Other (specify)		250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Mr David R Newton			Date of Receipt
	Mailing Address P O Box 100			12 07 2006
	City	State	Zip Code	Transaction ID: 13506610
	New Britain	CT	06050-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New Britain General Hospi- tal	Occupation Senior Vi	n ce President Finance and Cl	ni e
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	050.00	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 26 / 226
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	atements may name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Clarence J Silvia			Date of Receipt
	Mailing Address 81 Meriden Avenue			12 07 2006
	City	State	Zip Code	Transaction ID: 13506611
	Southington	CT	06489-3268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bradley Memorial Hospital and Health C	Occupation President	n and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.				Date of Receipt
	Mailing Address 71 Haynes Street			12 07 2006
	City	State	Zip Code	Transaction ID: 13506612
	Manchester	CT	06040-4131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Eastern Connecticut Health Network	Occupation Senior Vi	n ce President Medical Affairs	3
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Brian Rogoz			Date of Receipt
	Mailing Address 81 Meriden Avenue			12 07 2006
	City	State	Zip Code	1 2 0 7 2 0 0 6 Transaction ID: 13506613
		State CT	Zip Code 06489-3297	12 07 2006
	City		•	1 2 0 7 2 0 0 6 Transaction ID: 13506613
	City Southington FEC ID number of contributing federal political committee. Name of Employer Bradley Memorial Hospital and Health C	CT C Occupation Vice Pres	06489-3297	Transaction ID: 13506613 Amount of Each Receipt this Period 250.00
	City Southington FEC ID number of contributing federal political committee. Name of Employer Bradley Memorial Hospital and Health C Receipt For:	CT C Occupation Vice Pres	06489-3297	Transaction ID: 13506613 Amount of Each Receipt this Period 250.00
	City Southington FEC ID number of contributing federal political committee. Name of Employer Bradley Memorial Hospital and Health C	CT C Occupation Vice Pres	06489-3297	Transaction ID: 13506613 Amount of Each Receipt this Period 250.00
s	City Southington FEC ID number of contributing federal political committee. Name of Employer Bradley Memorial Hospital and Health C Receipt For: Primary General	Occupation Vice Pres Aggregate	06489-3297 n sident Finance and Chief Fire Year-to-Date ▼ 250.00	1 2 0 7 2 0 0 6 Transaction ID: 13506613 Amount of Each Receipt this Period 250.00

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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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•			Detailed Summary Page	
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Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Martin L. Levine			Date of Receipt
	Mailing Address 19 Carter Lane			12 07 2006
	City	State	Zip Code	Transaction ID: 13506614
	Glastonbury	CT	06033-2217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Windham Community Memorial Hospital		rator Director Human Resou	ırcəs
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
— В.	Full Name (Last, First, Middle Initial) Dr Steven D Hanks, , M.D.			Date of Receipt
	Mailing Address P O Box 100			12 07 2006
	City	State	Zip Code	Transaction ID: 13506615
	New Britain	CT	06050-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New Britain General Hospi- tal	Occupation Senior Vi	n ce President Medical Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	1 1		1
С.	Full Name (Last, First, Middle Initial) Mr. Steven A. Godfrey			Date of Receipt
	Mailing Address Post Office Box 100			12 07 2006
	City	State	Zip Code	Transaction ID: 13506616
	New Britain	CT	06050-4000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Central Connecticut Health Alliance	Occupation Vice Pres	n sident, Managed Care	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	1
s	LUBTOTAL of Receipts This Page (optional)		h	750.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 226				
•			Use separate schedule(s) or each category of the	(check only one)				
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			Detailed Summary Fage	13 14 15 16 17				
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Hospital Association PAC							
	·							
•	Full Name (Last, First, Middle Initial)							
A.	Mr J Kevin Kinsella			Date of Receipt				
	Mailing Address P O Box 5037			M M / D D / Y Y Y Y				
	-			12 07 2006				
	City	State	Zip Code	Transaction ID: 13506617				
	Hartford	CT	06102-5037	Amount of Each Receipt this Period				
	FEC ID number of contributing			250.00				
	federal political committee.	C		250.00				
		10		_				
	Name of Employer Hartford Hospital	Occupation						
		Vice Pres						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	' '	250.00					
	Other (specify)]				
D	Full Name (Last, First, Middle Initial)			Data of Danaint				
В.				Date of Receipt				
	Mailing Address 910 Wallace Avenue			12 07 2006				
	City	State	Zip Code					
	•		•	Transaction ID: 13506640				
	Leitchfield	KY	42754-2414	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		250.00				
	federal political committee.							
	Name of Employer	Occupation	1					
	Twin Lakes Regional Medic- al Center	Chief Exe	ecutive Officer					
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General	00 0		1				
	Other (specify) ▼		250.00					
				1				
_	Full Name (Last, First, Middle Initial)							
C.	Mr. Jack G. Blackwell			Date of Receipt				
	Mailing Address 520 24th Street			M M / D D / Y Y Y Y				
				12 07 2006				
	City	State	Zip Code	Transaction ID: 13506647				
	Ashland	KY	41101-2904	Amount of Each Receipt this Period				
	FEC ID number of contributing			250.00				
	federal political committee.	C		250.00				
	Name of Employer	Occupation	-	-				
	Name of Employer Our Lady of Bellefonte Ho-		of Accounting					
	spital		Year-to-Date V	\dashv				
	Receipt For: Primary General	Ayyreyale	ו כמו־וט־טמוכ 🔻	,				
	Other (specify)		250.00					
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
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			Detailed Summary Page	13 14 15 16 17		
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	American Hospital Association FAC					
	Full Name (Last, First, Middle Initial)					
A.	Mr. Harold C Warman, , FACHE	Date of Receipt				
	Mailing Address P O Box 668			M M / D D / Y Y Y Y		
				12 07 2006		
	City	State	Zip Code	Transaction ID: 13506662		
	Prestonsburg	KY	41653-0668	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	Name of Employer Highlands Regional Medical	Occupation				
	Center		t and Chief Executive Office			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	, ,	500.00			
	Other (specify)					
В.	Full Name (Last, First, Middle Initial) Mrs. Joann Anderson			Date of Receipt		
Ь.				<u> </u>		
	Mailing Address 911 Bypass Road			12 07 2006		
	City	State	Zip Code	Transaction ID: 13506666		
	Pikeville	KY	41501-1689	Amount of Each Receipt this Period		
		IXI	41301-1089	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederal political committee.					
	Name of Employer	Occupation	n	7		
	Pikeville Medicál Center	Chief Exe	ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	050.00	1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			Date of Descript		
C.	Mr. O David Bevins, , CHE			Date of Receipt		
	Mailing Address 540 Jett Drive			12 07 2006		
	City	State	Zip Code	Transaction ID: 13506667		
	Jackson	KY	41339-9622	Amount of Each Receipt this Period		
				- Attribute of Edelit recorpt this i cried		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Kentucky River Medical Ce-	Occupation				
	nter		ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	500.00	11		
	Other (specify)		500.00			
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				1050.00		
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Any information copied from such Reports and Statements many not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Paul J. Delienfocco Mailing Address 30 Warren Street City Boston MA 02135-3602 FEC ID number of contributing federal political committee Name of Employer Franciscan Hospital for Children and R. Recept For: Primary Office (specify) ▼ Full Name (Last, First, Middle Initial) B. Ms. Jennifer D. Jackson Mailing Address 61 Hickory Lane City State Zip Code Madison CT 06443-1718 FEC ID number of contributing federal political committee. City State Zip Code Madison CT 06443-1718 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 13506692 Amount of Each Recept Time Primary Aggregate Year-to-Date ▼ President and Chief Executive Officer Spatial Committee Coccupation Connection For: Primary General Other (specify) ▼ Cocupation City State Zip Code Transaction ID: 13506694 Amount of Each Recept this Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 13506694 Amount of Each Recept this Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 13506694 Amount of Each Recept this Period FEC ID number of contributing federal political committee. Consultant Co					(check only one)	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sciliding contributions of or commending purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) American Hospital Association PAC Full Name (Last, First, Middle Initial) American Hospital Association PAC City State Zip Code Transaction ID: 13506690 FEC ID number of contributing federal political committee. Children and B. Recept For: Primary General Other (specify ▼	11	EIVIIZED NECEIP 13				
American Hospital Association PAC Full Name (Last, Fist, Middle Initial) American Hospital Association PAC Full Name (Last, Fist, Middle Initial) American Hospital Association PAC City State Zip Code Boston Mailing Address 30 Warren Street City State Zip Code Boston MA 02139-3802 FEC ID number of contributing federal political committee. Name of Employer Children and R Receipt For: Permary General Other (specify) General City State Zip Code Transaction ID: 13506690 Amount of Each Receipt this Period FEUI Name (Last, First, Middle Initial) Mailing Address 61 Hickory Lane City State Zip Code Madison City State Zip Code City State Zip Code Madison City State Zip Code City State Zip Code City State Zip Code City State Zip Code Madison City State Zip Code Diale of Receipt this Period FEC ID number of contributing federal political committee. Cocupation Receipt For: Primary General Other (specify) General Other (specify) State Zip Code Nashville Tin 37203-1515 FEC ID number of contributing federal political committee. Cocupation City State Zip Code Nashville Tin 37203-1515 FEC ID number of contributing federal political committee. Cocupation City State Zip Code Nashville Tin 37203-1515 FEC ID number of contributing federal political committee. Cocupation Consultant Consu						
NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) American Hospital Association PAC Full Name (Last, First, Middle Initial) C City State Zip Code Boston MA 22135-3802 FEC ID number of contributing federal political committee. City State Zip Code Mailing Address 30 Warren Street C C City State Zip Code President & CEO Coupation President & CEO Condition and R Receipt For: Princy Other (specify) ▼ State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C City State Zip Code Madison FEC ID number of contributing federal political committee. C C City State Zip Code Madison FEC ID number of contributing federal political committee. C C C City State Zip Code C C C C C C C C C C C C C C C C C C C	Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person	n for the purpose of soli	citing contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Paul J. Detailafocco City State Zip Code Transaction ID: 13506690 Boston Maing Address 30 Warren Street City State Zip Code Transaction ID: 13506690 FEC ID number of contributing federal political committee. Name of Employer Franciscan Hospital for Children and R Receipt For President & CEO Thildren and R Receipt For President & CEO Thildren and R Receipt For President & CEO Thildren and R Receipt For State Zip Code Madison Ctry State Zip Code Name of Employer Aggregate Vear-to-Date V Transaction ID: 13506692 Amount of Each Receipt firs Period Transaction ID: 13506692 Transaction ID: 13506693 Transaction ID: 13506693 Transaction ID: 13506694 Transaction ID: 1000.00 Date of Receipt Transaction ID: 13506694 T	OI		lame and add	dress of any political committee to	SOIICIL CONTINUUTONS TON	- Such committee.
Full Name (Last, First, Middle Initial) A. Mr. Paul J. DellaRocco Mailing Address 30 Warren Street City State Zip Code Boston MA 02135-3602 FEC ID number of contributing federal political committee. C. State City State City Code President & CEO Children and R. Receipt For: Primary General Other (specify) w State Zip Code Madison City State City City State City Code Madison City State City City State City City Code Madison City City State City City State City City City State City City Management City Ma		,				
A Mr. Paul J. DellaRocco Mailing Address 30 Warren Street City State Zip Code Boston MA 02135-3892 FEC ID number of contributing federal political committee. Name of Employer Franciscan Hospital for Childron and R. Peceipt For: Primary General Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ State Zip Code CT 06443-1718 FEC ID number of contributing federal political committee. City State Zip Code Madison CT 06443-1718 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Cocupation President and Chief Executive Officer State Size Control of Size Size Size Size Size Size Size Size	/	American Hospital Association PAC				
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Name of Employer Occupation Christiana Care Health Sy-	
stem President and Onler Executive Onicer	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 1100.00	
Other (specify)	
Full Name (Last, First, Middle Initial)	
C. Mr. Thomas Corrigan Date of Receipt	
Mailing Address 200 Hygeia Drive	
12 11 2006	
City State Zip Code Transaction ID: 13509230	
Newark DE 19713-2049 Amount of Each Receipt this Period	_
FEC ID number of contributing committee C	
federal political committee.	_
Name of Employer Christiana Care Health Sy-	
stem Vice President/Chief Financial Officer	
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or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee	e			
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
<u>/</u>	Full Name (Last, First, Middle Initial)							
A.	Mr. Edward J. Quinlan			Date of Receipt				
	Mailing Address 20 River Run			12 11 200				
	City	State	Zip Code	Transaction ID: 13509244	لتك			
	East Greenwich	RI	02818-1502	Amount of Each Receipt this Perio	d			
	FEC ID number of contributing federal political committee.	C		500	.00			
	Name of Employer Hospital Association of	Occupation	n	-				
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	Primary General Other (specify) ▼		500.00					
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В.	Full Name (Last, First, Middle Initial) Mr. Robert A. Malson			Date of Receipt				
	Mailing Address 1850 Redwood Terrace,	NW		M M / D D / Y Y Y Y 1 2 1 2 0 0				
	City	State	Zip Code	Transaction ID: 13512097				
	Washington	DC	20012-1023	Amount of Each Receipt this Perio	d			
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	Name of Employer District of Columbia Hosp-	Occupation	n	7				
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	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify) ▼		500.00					
_	Full Name (Last, First, Middle Initial)							
Ċ.	Mr. Daniel McInerney, Jr. Mailing Address 150 South Fifth Street			Date of Receipt	V			
	Suite 2300			12 11 200				
	City	State	Zip Code	Transaction ID: 13512330				
	Minneapolis	MN	55402-4200	Amount of Each Receipt this Perio	d			
	FEC ID number of contributing federal political committee.	С		125	.00			
	Name of Employer Leonard, Street & Deinard,	Occupation	n ealth Law Department					
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or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James F Hanko			Date of Receipt
	Mailing Address 1300 Anne Street NW			12 11 2006
	City	State	Zip Code	Transaction ID: 13512345
	Bemidji	MN	56601-5103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.45
	Name of Employer North Country Regional Ho- spital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1 1		1
	Other (specify) ▼		891.21	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Carl W Bailey			Date of Receipt
	Mailing Address P O Box 818			12 13 7 2006
	City	State	Zip Code	Transaction ID: 13515315
	Florence	AL	35631-0818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		526.00
	Name of Employer Eliza Coffee Memorial Hos-	Occupation	n t and Chief Executive Officer	
	pital Receipt For:	1	Year-to-Date ▼	-
	Primary General	7.99.094.0		1
	Other (specify)		526.00	
	Full Name (Last, First, Middle Initial) Mr. Allen P Fletcher			Date of Receipt
٥.	Mailing Address P O Box 2208			M M / D D / Y Y Y Y
				12 13 2006
	City	State	Zip Code	Transaction ID: 13515316
	Anniston	AL	36202-2208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Northeast Alabama Regional Medical Cen	Occupation President	n t and Chief Executive Officer	
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or	for commercial purposes, other than using the i	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	7 interredit Floopital Flooderation 1710			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Sammy Watson			Date of Receipt
	Mailing Address 809 University Boulevan	rd E.		M M / D D / Y Y Y Y
				12 13 2006
	City	State	Zip Code	Transaction ID: 13515320
	Tuscaloosa	AL	35401-2071	Amount of Each Receipt this Period
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	federal political committee.	0		
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	Full Name (Last, First, Middle Initial)			
В.	Ms. A. Elizabeth Anderson			Date of Receipt
	Mailing Address 6600 Apple Cross Drive	North		M M / D D / Y Y Y Y
				12 13 2006
	City	State	Zip Code	Transaction ID: 13515323
	Mobile	AL	36695-2900	Amount of Each Receipt this Period
	FEC ID number of contributing	С		320.00
	federal political committee.			320.00
	Name of Employer	Occupation	n	┥
	Name of Employer USA Children's and Women's Hospital	Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		320.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	Ms. Shirley Holland			Date of Receipt
	Mailing Address 161 Lila Lane			1 2 1 1 2 0 0 6
	C:h.	Ctoto	Zin Codo	
	City	State VA	Zip Code	Transaction ID: 13515689
	Boones Mill	VA	24065-3749	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Carilion Health System	Occupation	n	7
	Carillon Health System	Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			990.00
\vdash	. 3 (1 /			-

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. J. Kevin Renan Mailing Address 11502 Culpeper Court City Spotsylvania FEC ID number of contributing federal political committee. Name of Employer Medicorp Health System Receipt For: Primary General Other (specify)	1	Zip Code 22553-4671 n ice President e Year-to-Date ▼	Date of Receipt M M M
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Kane Mailing Address 7102 Massaponax Churc City	Date of Receipt M		
	Spotsylvania FEC ID number of contributing federal political committee.	VA	22553-2228	Amount of Each Receipt this Period 250.00
	Name of Employer Mary Washington Hospital Receipt For: Primary General Other (specify) ▼		n ice President e Year-to-Date ▼ 250.00	
D .	Full Name (Last, First, Middle Initial) Mr. M. Frank Heisey Mailing Address 238 Fairway Circle City	Date of Receipt M		
	Cross Junction FEC ID number of contributing federal political committee.	VA	Zip Code 22625-2018	Amount of Each Receipt this Period 250.00
	Name of Employer Valley Health System Receipt For: Primary General Other (specify) ▼	1	e Director e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nlv)		

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 226
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	Inot be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Nancy Merritt			Date of Receipt
	Mailing Address 118 Corral Drive			12 11 2006
	City	State	Zip Code	Transaction ID: 13515718
	Stephens City	VA	22655-4809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Health System	Occupation Director	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
— В.	Full Name (Last, First, Middle Initial) Ms. Colleen Cohen			Date of Receipt
	Mailing Address 10205 Conn Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13515719
	Falls Church	VA	20895	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Inova Fairfax Hospital	Occupation Dir, Amb	n ulatory Childrens Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Karen Drenkard			Date of Receipt
	Mailing Address 2990 Telestar Court			12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Falls Church	State VA	Zip Code 22042-1207	Transaction ID: 13515721 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22072 1207	250.00
	Name of Employer Inova Health System	Occupation	n rse Executive	
	Receipt For:		Year-to-Date ▼	_
	Primary General	30 - 5 - 1		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 226
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr.			Date of Receipt
	Mailing Address 3131 Rivanna Court			12 / 11 / 2006
	City	State	Zip Code	Transaction ID: 13515725
	Woodbridge	VA	22192-3373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Potomac Hospital	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Jean M. Brereton			Date of Receipt
	Mailing Address 106 Cahill Drive			12 11 2006
	City	State	Zip Code	Transaction ID: 13515730
	Alexandria	VA	22304-6445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Inova Health System	Occupation Executive	n e Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Sharon Zrioka			Date of Receipt
	Mailing Address 5109 Wyndham Rose C	ove		12 / 11 / 2006
	City	State	Zip Code	Transaction ID: 13515734
	Centreville	VA	20120-4138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Inova Health System	Occupation Director	1	
	Receipt For:	-	e Year-to-Date ▼	\dashv
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
_	OTAL This Daded floor and the first of the f	-1		
- 1 (OTAL This Period (last page this line number o	ш у) .		

21	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBE	R: PAGE 38/226			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b	☐ 11c ☐ 12			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	H_{15} H_{16} H_{17}			
Δn	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso					
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions fr	om such committee.			
_	NAME OF COMMITTEE (In Full)							
/	` ,							
/	American Hospital Association PAC							
_	Full Name (Last First Middle Initial)							
۹.	Full Name (Last, First, Middle Initial) Ms. Kay Hix			Date of Receipt				
٦.				-				
	Mailing Address 2784 Lakeview Rd.			1 2	11 2006			
	City	State	Zip Code					
			•	Transaction ID:				
	Troutville	VA	24175-2750	Amount of Each	Receipt this Period			
	FEC ID number of contributing	С			250.00			
	federal political committee.				200.00			
	Name of Caralana	0		_				
	Name of Employer Carilion Health System	Occupation						
		Executive						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	' '	250.00					
	Other (specify) ▼		230.00					
	Full Name (Last, First, Middle Initial)							
3.	Mr. James Turner			Date of Receipt				
	Mailing Address PO Box 2140	M M / D	D / Y Y Y Y					
			11 2006					
	City	State	Zip Code	Transaction ID:	13515743			
	Roanoke	VA	24009-2140	Amount of Each	Receipt this Period			
	FEC ID number of contributing				050.00			
	federal political committee.	C			250.00			
	Name of Employer Carilion Health System	Occupation	า					
	- Carmon ricatti Gystem		n and CEO					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify) ▼		250.00					
				·				
	Full Name (Last, First, Middle Initial)							
Э.	Mr. W. Scott Burnette			Date of Receipt				
	Mailing Address P O Box 90				D / Y Y Y Y			
				1 2	11 2006			
	City	State	Zip Code	Transaction ID:	13515745			
	South Hill	VA	23970-0090	Amount of Each	Receipt this Period			
	FEC ID number of contributing			1 1 1				
	federal political committee.	C			250.00			
	Name of Employer Community Memorial Health-	Occupation						
	center	President	t and Chief Executive Officer					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		250.00					
				1				
	L							
e	IRTOTAL of Possints This Page (entionel)				750.00			
3	UBTOTAL of Receipts This Page (optional)		······································	-				
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T	OTAL This Period (last page this line number or	nly)	.					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 226
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr J Thomas Ryan, , M.D.			Date of Receipt
	Mailing Address 1001 Sam Perry Boulev			12 / 11 / 2006
	City	State	Zip Code	Transaction ID: 13515747
	Fredericksburg	VA	22401-3354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mary Washington Hospital	Occupation Executive	n e Vice President Medical Affa	ai
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Carl Biggs			Date of Receipt
	Mailing Address 2225 Aryness Drive			12 11 2006
	City	State	Zip Code	Transaction ID: 13515752
	Vienna	VA	22181-3047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Inova Health System	Occupation Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Marcus G Kuhn			Date of Receipt
	Mailing Address 200 Hospital Drive			12 11 2006
	City	State	Zip Code	Transaction ID: 13515754
	Galax	VA	24333-2283	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		187.50
	Name of Employer Twin County Regional Hosp-	Occupation	n t and Chief Executive Office	
	ital Receipt For:	-	e Year-to-Date	\dashv
	Primary General	, iggi ogaic		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			687.50
_	OTAL This Davied (lost recent this line as well as	اديام		
- 1	OTAL This Period (last page this line number o	шу)		

				FOR LINE NUMBER:	PAGE 40 / 226			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	. –			
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c 12			
		13 14	15 16 17					
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	n for the purpose of solicit	ing contributions			
OI		name and add	dress of any political committee to	Solicit Contributions from s	such committee.			
	NAME OF COMMITTEE (In Full)							
1/	American Hospital Association PAC							
<u></u>	Full Name (Last, First, Middle Initial)							
Α.	Mr. David P. Lavins			Date of Receipt				
	Mailing Address 10 Fox Chase Road			M M / D D	/ Y Y Y Y			
	To rox onaso risas			12 15	2006			
	City	State	Zip Code	Transaction ID: 13	516785			
	Malvern	PA	19355-3441	Amount of Each Red	ceipt this Period			
	FEC ID number of contributing				205.00			
	federal political committee.	C			395.00			
	Name of European	10		4				
	Name of Employer New Jersey Hospital Assoc-	Occupation						
	iation		ancial Officer Year-to-Date ▼					
	Receipt For: Primary General	Aggregate	e fear-lo-Dale ♥					
	Other (specify)	' '	880.00					
	Cure (openily)							
_	Full Name (Last, First, Middle Initial)							
В.				Date of Receipt				
	Mailing Address 2 Centre Plaza			M M / D D	/ Y 			
				12 15	2006			
	City	State	Zip Code	Transaction ID: 13516808				
	Tinton Falls	NJ	07724-9744	Amount of Each Red	ceipt this Period			
	FEC ID number of contributing	C			250.00			
	federal political committee.				200.00			
	Name of Employer	Occupation	า	-				
	Name of Employer Rehabilitation Hospital of Tinton Fall		rator and Chief Executive Off	i				
	Receipt For:		Year-to-Date ▼					
	Primary General	33 -3						
	Other (specify) ▼	l	500.00					
	Full Name (Last, First, Middle Initial)							
C.	Ms. Belinda Brown Cooper			Date of Receipt				
	Mailing Address 121 Clear Creek Road			12 15	2006			
	City	State	Zip Code	Transaction ID: 13				
	<u>Langhorne</u>	PA	19047-2306	Amount of Each Red				
	FEC ID number of contributing			7 tillount of Edon Ho	 			
	federal political committee.	C			25.00			
	Name of Employer New Jersey Hospital Assoc-	Occupation						
	iation		sident, Human Resources					
Receipt For: Primary General Other (specify)			e Year-to-Date ▼					
			260.00					
	Other (specify)							
Г								
6	UBTOTAL of Receipts This Page (optional)				670.00			
\vdash	COLOTAL OF HOSCIPIO THIS Fage (optional)							
Т	OTAL This Period (last page this line number of	only)	>					
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SCHEDULE A (FEC Form 3X) Use separate schedule(s)				FOR LINE NUMBER:	PAGE 41 / 226				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	. –				
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c 12				
		13 14	15 16 17						
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persor	for the purpose of soliciting contributions					
OI		lame and add	iress or any political committee to s	SOlicit Contributions from s	such committee.				
	NAME OF COMMITTEE (In Full)								
1/	American Hospital Association PAC								
<u>/_</u>	Full Name (Last First Middle Initial)			T					
Α.	Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski			Date of Receipt					
	Mailing Address 17 Brookshire Drive			M M / D D	/ Y Y Y Y				
	Tr Brookering Brive			12 15	2006				
	City	State	Zip Code	Transaction ID: 13	516826				
	Robbinsville	NJ	08691-2554	Amount of Each Re	ceipt this Period				
	FEC ID number of contributing				05.00				
	federal political committee.	C			25.00				
	N (5)	10 "		4					
	Name of Employer New Jersey Hospital Assoc-	Occupation							
	iation		sident & General Manager	-					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)	' '	260.00						
	Curici (specify)								
_	Full Name (Last, First, Middle Initial)								
В.				Date of Receipt					
	Mailing Address 27 Harvest Lane								
			12 15	2006					
	City	State	Zip Code	Transaction ID: 13	516827				
	Livingston	NJ	07039-2750	Amount of Each Receipt this Period					
	FEC ID number of contributing	С			45.00				
	federal political committee.				10.00				
	Name of Employer	Occupation	1	-					
	Name of Employer New Jersey Hospital Assoc-		sident Continuing Care Servic	ce ·					
	iation Receipt For:		Year-to-Date ▼	1					
	Primary General	00 0							
	Other (specify) ▼		260.00						
	Full Name (Last, First, Middle Initial)								
C.	Mr. Sean J. Hopkins			Date of Receipt					
	Mailing Address 6180 Lower Mountain F	load		12 15	2006				
	City	State	Zip Code	Transaction ID: 13					
	New Hope	PA	18938-5760	Amount of Each Re					
	FEC ID number of contributing		10000 0700	Amount of Each field	scipi tilis i cilod				
	federal political committee.	C			65.83				
Name of Employer New Jersey Hospital Assoc- iation									
		Occupation							
			Health Economics	_					
	Receipt For:	Aggregate	Year-to-Date ▼						
Primary General			385.01						
	Other (specify)	0 0							
_	IIPTOTAL of Descripto This Base (anticent)		135.83						
\vdash	UBTOTAL of Receipts This Page (optional)		<u> </u>						
+	OTAL This Period (last page this line number o	nlv)	▶						
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 226
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Peter A. Kelly			Date of Receipt
	Mailing Address 1 Old Farm Lane			12 15 2006
	City	State	Zip Code	Transaction ID: 13516833
	Old Greenwich	CT	06870-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Christ Hospital	Occupation CEO	1	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		225.00	
В.	Full Name (Last, First, Middle Initial) Ms. Valerie S. Kantrowitz			Date of Receipt
	Mailing Address 82 Millers Grove Road			M M / D D / Y Y Y Y
				12 15 2006
	City	State	Zip Code	Transaction ID: 13516920
	Belle Mead	NJ	08502-4306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer	Occupation	 1	\dashv
	New Jersey Hospital Association		P., Health Planning & Resea	ar¢
	Receipt For:	-	Year-to-Date ▼	
	Primary General			1
	Other (specify)		385.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Alice J. Guttler			Date of Receipt
	Mailing Address 20 Wildflower Court			12 15 2006
	City	State	Zip Code	Transaction ID: 13516960
	Freehold	NJ	07728-4020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer	Occupation	1	7
	Name of Employer CentraState Healthcare Sy- stem		ce President and Corporate	Cb
Receipt For:			Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
_				
s	UBTOTAL of Receipts This Page (optional)			520.00
\vdash			<u> </u>	

SCHEDULE A (FEC Form	3 Y)		FOR LINE NUMBER:	PAGE 43 / 226
	JA)	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
		Detailed Guillinary Fage	13 14	15 16 17
Any information copied from such Reports	s and Statements may	not be sold or used by any pers	on for the purpose of solicit	ting contributions
or for commercial purposes, other than us	sing the name and add	dress of any political committee to	solicit contributions from s	such committee.
NAME OF COMMITTEE (In Full)				
American Hospital Association F	PAC			
Full Name (Last, First, Middle Initial)				
A. Mr. Ronald J. Czajkowski			Date of Receipt	
Mailing Address 1 JFK Blvd			M M / D D	
Apt 42A			12 15	2006
City	State	Zip Code	Transaction ID: 13	517005
Somerset	NJ	08873-1789	Amount of Each Re	ceipt this Period
FEC ID number of contributing	С			250.00
federal political committee.	C			200.00
Name of Employer New Jersey Hospital Assoc-	Occupation	<u> </u>		
New Jersey Hośpital Assoc- iation	Vice Pres			
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			7	
Other (specify)		250.00		
Full Name (Last, First, Middle Initial)			5. (5.).	
Mr. Edward J. Dunn			Date of Receipt	
Mailing Address 305 Hickory Lan	12 15	2006		
City	Transaction ID: 13			
Haddonfield	Amount of Each Re			
	NJ	08033-3813	Amount of Lacif Ne	ceipt this Feriod
FEC ID number of contributing federal political committee.	C			500.00
•				
Name of Employer Virtua Health	Occupation			
		sident Human Resources		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General	' '	500.00		
Other (specify)			_	
Full Name (Last, First, Middle Initial)				
C. Mr. Guy P. Evans			Date of Receipt	
Mailing Address 41 Manitto Place)		M M / D D	/ Y Y Y Y
			12 15	2006
City	State	Zip Code	Transaction ID: 13	517010
<u>Oceanport</u>	NJ	07757-1510	Amount of Each Re	ceipt this Period
FEC ID number of contributing	C			145.00
federal political committee.	0			
Name of Employer	Occupation	1	\dashv	
New Jersey Hospital Assoc- iation	Vice Pres	sident		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		200.00	7	
Other (specify) ▼		380.00]	
				905.00
SUBTOTAL of Receipts This Page (opti	onal)			895.00
			_	
TOTAL This Period (last page this line n	umber only)			

SCHEDULE A (FEC Form 3X) Use separate schedule(s)				FOR LINE NUMBER:	PAGE 44 / 226			
ITEMIZED RECEIPTS			or each category of the	(check only one)				
THE MILES RESERVED			Detailed Summary Page	X 11a 11b	11c 12			
Δ	winformsetion conical from such Deposits and Ct	13 14	15 16 17					
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from	such committee.					
	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Hospital Association PAC							
\angle				1				
A.	Full Name (Last, First, Middle Initial) Mr. Richard P Miller			Date of Receipt				
	Mailing Address 94 Brick Road, Suite 20	00		M M / D D				
				12 15				
	City	State	Zip Code	Transaction ID: 13				
	Marlton	NJ	08053-2179	Amount of Each Re	eceipt this Period			
	FEC ID number of contributing federal political committee.	C			750.00			
	Name of Employer Virtua Health	Occupation Presiden	n t and Chief Executive Officer					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	-	750.00	1				
	Other (specify)		750.00					
_	Full Name (Last, First, Middle Initial)							
В.	Ms. Melina Dee Perdue			Date of Receipt				
	Mailing Address 101 Elm Avenue SE			1 2 1 1 1				
	City	State	Zip Code	Transaction ID: 13				
	Roanoke	VA	24013-2222	Amount of Each Receipt this Period				
	FEC ID number of contributing				· · · · · · · ·			
	federal political committee.	C			250.00			
	Name of Employer	Occupation	า	\dashv				
	Name of Employer Carilion Health System		ce President					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		F00.00	1				
	Other (specify)	0 0	500.00					
	Full Name (Last, First, Middle Initial)							
C.	Mr. Samuel Miller			Date of Receipt				
	Mailing Address 2208 Birnam Woods C	ourt		1 2 1 1	2006			
	City	State	Zip Code	Transaction ID: 13	3517096			
	Midlothian	VA	23112-4148	Amount of Each Re				
	FEC ID number of contributing				250.00			
	federal political committee.	C			230.00			
Primary General				7				
			e Year-to-Date ▼					
			250.00					
	Other (specify) ▼							
					1222			
s	UBTOTAL of Receipts This Page (optional)		······		1250.00			
			<u> </u>					
T	OTAL This Period (last page this line number of	only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any pers	n for the purpose of soliciting contributions
Or	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ne and add	ress or any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Maureen Moyer Mailing Address 310 32nd Street South			Date of Receipt 1 2 1 1 2 0 0 6
	City Purcellville FEC ID number of contributing federal political committee.	State VA	Zip Code 20132-3222	Transaction ID: 13517107 Amount of Each Receipt this Period 250.00
	Name of Employer (nova Health System		Corporate Finance E Year-to-Date 250.00]
В.	Full Name (Last, First, Middle Initial) Mr. Michael McDermott Mailing Address 213 Caroline Street			Date of Receipt 1 2 1 1 2 2 0 0 6
	City Fredericksburg	State VA	Zip Code	Transaction ID: 13517112
	FEC ID number of contributing federal political committee.	C	22401-6009	Amount of Each Receipt this Period 250.00
	Mary Washington Hospital	Occupation Physician	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Ms. Shannon Sinclair Mailing Address 100 West Braddock Road			Date of Receipt
	City	State	Zip Code	1 2 1 1 2 0 0 6 Transaction ID: 13517117
	Alexandria	VA	22301-2146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Inova Health System		n sident/General Counsel e Year-to-Date ▼	
	Receipt For: Primary General Other (specify) ▼	Aggregate	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 226							
ıT	EMIZED RECEIPTS		or each category of the	(check only one)							
11	EIVIIZED RECEIP 13		Detailed Summary Page	X	11a	11b	Ш	11c	12		_
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Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the	e purpos contributi	e of so ons fro	licitir m sı	ng contuch cor	tribution mmittee	1S 2.	
	NAME OF COMMITTEE (In Full)										
$ \rangle$	American Hospital Association PAC										
^	Full Name (Last, First, Middle Initial) Mr. Randall L Kelley				ate of Re	occipt					
Α.				_							
	Mailing Address P O Box 6000			_ L	1 2	1	1 /	Y	200		
	City	State	Zip Code	Tr	ansactio	on ID:	135	17132	2		
	Leesburg	VA	20177-0600	A	mount of	Each	Rece	eipt this	s Period	b	
	FEC ID number of contributing federal political committee.	C				1			250.	00	
	Name of Employer Inova Loudoun Hospital	Occupation Senior Vi	n ice President and Chief Exec	cut							
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General		050.00	1							
	Other (specify)	0 0	250.00	4							
В.	Full Name (Last, First, Middle Initial) Ms. Adrienne Mckenna			D	ate of Re	eceipt					
	Mailing Address 106 Atoka Drive		12 11 2006								
	City	State	Zip Code	Tr	ansactio	on ID:	135	17160	3		
	Winchester	VA	22602-6804	A	mount of	Each	Rece	eipt this	s Perior	t	
	FEC ID number of contributing						_	•	050		
	federal political committee.	C		L					250.	UU	
	Name of Employer Valley Health System	Occupation Trustee	n								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General	1 1		1							
	Other (specify)	0 0	250.00	4							
_	Full Name (Last, First, Middle Initial)										
C.	Dr. David Levin, MD.			\dashv D	ate of Re	eceipt					
	Mailing Address 1476 Bridge Point Trail					1	D /	Y	200		
	City	State	Zip Code	Tr	ansactio	on ID:	135	1716	7		
	Suffolk	VA	23432-1320	A	mount of	Each	Rece	eipt this	s Perior	b	
	FEC ID number of contributing federal political committee.					_		250.			
	Name of Employer Sentara Healthcare	Occupation Vice Pres	n sident Medical Affairs								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify)	0 0	250.00								
s	UBTOTAL of Receipts This Page (optional)						-		750.	00	
1				_			_	_		_	

er	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 226
			Use separate schedule(s)	(check only one)
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr Robert Broermann			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive			12 11 2006
	City	State	Zip Code	Transaction ID: 13517168
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation Senior Vi	n ce President and Chief Fina	nd
	Receipt For:		Year-to-Date ▼	-
	Primary General			1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Ms. Eileen Dohmann			Date of Receipt
	Mailing Address 6508 Flowerdew Hundre	12 11 2006		
	City	State	Zip Code	Transaction ID: 13517170
	Centreville	VA	20120-3755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mary Washington Hospital	Occupation Vice Pres	n sident, Nursing	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Kevin C Martin			Date of Receipt
	Mailing Address 630 East River Street			12 14 2006
	City	State	Zip Code	Transaction ID: 13517813
	<u>Elyria</u>	OH	44035-5902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer EMH Regional Medical Cent- er	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	300.00	
	Other (specify)	0 0	300.00	
SI	JBTOTAL of Receipts This Page (optional)			800.00
т	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δη	y information copied from such Reports and Si	13 14 15 16 17		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael D Connelly			Date of Receipt
	Mailing Address 615 Elsinore Place			12 14 2006
	City	State	Zip Code	Transaction ID: 13517814
	Cincinnati	OH	45202-1459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Catholic Healthcare Partn- ers	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr Joseph Grennan, , M.D.			Date of Receipt
	Mailing Address P O Box 1790			12 14 2006
	City	State	Zip Code	Transaction ID: 13517815
	Youngstown	OH	44501-1790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Elizabeth Health Cent- er	Occupation Senior Vi	n ce President and Chief Med	lica
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. David Jimenez			Date of Receipt
	Mailing Address 615 Elsinore Place			12 14 2006
	City	State	Zip Code	Transaction ID: 13517816
	Cincinnati	OH	45202-1459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Catholic Healthcare Partn-	Occupation		
	ers		e Vice President e Year-to-Date ▼	\dashv
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
_				
S	UBTOTAL of Receipts This Page (optional))	750.00
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49/	226
ITEMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	for the purpose of soliciting contribution	ns
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee	э.
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. James P Reber			Date of Receipt	
Λ.	Mailing Address 730 West Market Street			M M / D D / Y Y Y	Y
				12 14 200	6
	City	State	Zip Code	Transaction ID: 13517817	
	Lima	OH	45801-4670	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		250.	.00
	Name of Employer St. Rita's Medical Center	Occupation Presiden	n t and Chief Executive Officer]	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0			
В.				Date of Receipt	
	Mailing Address 667 Eastland Avenue SE			12 14 200	
	City	State Zip Code		Transaction ID: 13517818	
	Warren	OH	44484-4503	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		250.	.00
	Name of Employer St. Joseph Health Center	Occupation	n t and Chief Executive Officer		
	Receipt For:		e Year-to-Date ▼	_	
	Primary General		050.00		
	Other (specify)	0 0	250.00		
_	Full Name (Last, First, Middle Initial) Mr. Matthew D. Williams			Data of Descipt	
C.	Mailing Address 615 Elsinore Place			Date of Receipt	
				12 14 200	
	City	State	Zip Code	Transaction ID: 13517819	
	Cincinnati	<u>OH</u>	45202-1459	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		250.	.00
	Name of Employer Catholic Healthcare Partn-	Occupation			
	ers		ocacy and Government Relat	<u>o</u> ns	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
_	cano: (opcomy) •	0 0	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)			750.	00
ΙT	OTAL This Period (last page this line number of	niy)			

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 50 / 226		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and St	atements may	not he sold or used by any nerso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Edward A Eckenhoff			Date of Receipt		
	Mailing Address 102 Irving Street NW			12 15 2006		
	City	State	Zip Code	Transaction ID: 13519317		
	Washington	DC	20010-2949	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer National Rehabilitation	Occupation	n			
	Hospital .	President	t and Chief Executive Office	<u>r</u>		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		300.00			
	E. II Nicoco (Local, Elizab Middle 1898-1)					
В.	Full Name (Last, First, Middle Initial) Ms Stephanie Doughty			Date of Receipt		
	Mailing Address 1024 South Lemay Ave	M M / D D / Y Y Y Y				
		12 15 2006				
	City	State	Zip Code	Transaction ID: 13521213		
	Fort Collins	CO	80524-3998	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.			230.00		
	Name of Employer Poudre Valley Hospital	Occupation	n	┥		
	Poudre Valley Hospital	Chief Fin	ancial Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General	-	250.00	1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			Data of Descript		
U .	Dr. Molly J. Coye, MD Mailing Address 236 elsie st			Date of Receipt		
	Walling Address 256 elsie st			12 18 2006		
	City	State	Zip Code	Transaction ID: 13523430		
	San Francisco	CA	94110-5508	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		230.00		
	Name of Employer Health Technology Center-	Occupation				
	San Francisco		ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00] [
	Other (specify)		200.00	1		
_						
				1000.00		
Ls	UBTOTAL of Receipts This Page (optional)		·····	1000.00		
1 _						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 51 / 226
· ·		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr Rolf W Knoll, , M.D.			Date of Receipt
	Mailing Address 114 Woodland Street			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13525599
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vi	n ce President Medical Affairs	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1		1
	Other (specify) ▼	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Dr Amit K Mody, , M.D.			Date of Receipt
٥.	Mailing Address 114 Woodland Street			M M / D D / Y Y Y Y
				12 15 2006
	City	State	Zip Code	Transaction ID: 13525600
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Care, Inc.	Occupation Executive	n e Vice President and Chief C))pe
	Receipt For:		Year-to-Date ▼	<u>- </u>
	Primary General			1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kathleen Roche			Date of Receipt
	Mailing Address 114 Woodland Street			M M / D D / Y Y Y Y Y Y 1 1 2 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 13525601
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital and	Occupation Senior Vi	n ce President	
	Medical Cen Receipt For:		Year-to-Date ▼	_
	Primary General	55. 05410		1
	Other (specify) ▼		250.00	
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				750.00
S	UBTOTAL of Receipts This Page (optional)		······································	750.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 226
			(check only one)	
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr Steven Rosenberg			Date of Receipt
	Mailing Address 114 Woodland Street			12 / 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13525602
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vi	n ice President and Chief Fina	nd
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald Straceski			Date of Receipt
	Mailing Address 114 Woodland Street			12 / 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13525603
	<u>Hartford</u>	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice Pres	n sident Fiancial Management	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Thomas P Pipicelli			Date of Receipt
	Mailing Address 326 Washington Street			12 15 2006
	City	State	Zip Code	Transaction ID: 13525604
	Norwich	CT	06360-2740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer William W. Backus Hospita- I, The	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
т,	OTAL This Period (last page this line number or	nlv)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 226
555 55pa. a.c 55115aa.15(5)			(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. R. Christopher Hartley			Date of Receipt
	Mailing Address 114 Woodland Street			12 15 7 2006
	City	State	Zip Code	Transaction ID: 13525605
	Hartford	СТ	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vi	n ice President Planning and F	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			1
3.	Mr. Christopher Dadlez			Date of Receipt
	Mailing Address 893 Farmington Avenue			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13525606
	West Hartford	CT	06119-1445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			12 15 2006
	City	State	Zip Code	Transaction ID: 13525717
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Washingt	President	t	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1960.00	
				2500 00
S	UBTOTAL of Receipts This Page (optional)			2500.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUME	BER: PAGE 54/226	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	I 	1b 11c 12
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contributions	from such committee.
	NAME OF COMMITTEE (In Full)		7,		
$ \rangle$	American Hospital Association PAC				
	7 illionoan riospital riososiation i rios				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Louis H Bremer			Date of Recei	<u> </u>
	Mailing Address 600 East Dixie Avenue			1 2	19 2006
	City	State	Zip Code		D : 13525780
	Leesburg	FL	34748-5925		ch Receipt this Period
			04740 0020	Amount of La	
	FEC ID number of contributing federal political committee.	C			250.00
				_	
	Name of Employer Leesburg Regional Medical	Occupation			
	Center		t and Chief Executive Officer	•	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
		0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Recei	pt
	Mailing Address 6016 Overlea Road			M M / D	
	011	01-1-	7'- 0-4-	12	20 2006
	City	State	Zip Code		D : 13525868
	Bethesda	MD	20816-2469	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Washington Hospital Center	Occupation	n		
		Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
C.	Dr Janis M Orlowski, , M.D.			Date of Recei	pt
	Mailing Address 110 Irving Street NW				D D / Y Y Y Y
				12	2006
	City	State	Zip Code		D : 13525869
	Washington	DC	20010-2976	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing	С			1000.00
	federal political committee.				
	Name of Employer	Occupation	n		
Receipt For:		Senior Vi	ce President Medical Affairs		
		Aggregate	e Year-to-Date ▼		
Primary General			1000.00		
	Other (specify) ▼	0 0	1000.00		
,	IIPTOTAL of Possints This Page (entired)				1500.00
\vdash	UBTOTAL of Receipts This Page (optional)		······		
т	OTAL This Period (last page this line number of	only)	>		
	\ \	,,			

21	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 55 / 226
SCHEDULE A (FEC Form 3X) Use separate schedule(s)			(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700	0		12 20 2006
	City	State	Zip Code	Transaction ID: 13525944
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	า	┪
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Director Executive E	3r
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify) ▼	1	500.00	
				'
3.	Full Name (Last, First, Middle Initial) Ms. Mary A. Pittman			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13525945
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Hospital Research & Educa-	Occupation	1	7
	Hospital Research & Educa- tional Trust	President	t, HRET	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	050.00	
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Rebecca T Brewer, , FACHE			Date of Receipt
	Mailing Address 501 Robertson Boulevar	d		M M / D D / Y Y Y Y
		u		12 20 2006
	City	State	Zip Code	Transaction ID: 13525947
	Walterboro	SC	29488-5714	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		200.00
	Name of Employer	Occupation	 1	\dashv
	Name of Employer Colleton Medical Center		ecutive Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -32		ıl
	Other (specify) ▼		250.00	
				<u> </u>
				1000.00
S	UBTOTAL of Receipts This Page (optional)		······	1000.00
T	OTAL This Period (last page this line number or	ıly)	>	

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 56 / 226		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Δr	ny information copied from such Reports and St	ataments may	unot he sold or used by any nerso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
<u>. </u>	Full Name (Last, First, Middle Initial) Mr. Jay Cox			Date of Receipt		
Α.	Mailing Address 129 North Washington	Stroot		M M / D D / Y Y Y Y		
	123 North Washington	Oli CCl		12 20 2006		
	City	State	Zip Code	Transaction ID: 13525948		
	Sumter	SC	29150-4983	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	Name of Employer Tuomey Healthcare System	Occupation	n t and Chief Executive Office	.]		
	Receipt For:		Year-to-Date ▼	-		
	Primary General	7.99.094.0	Tour to Bate V	1		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial) Mr. John C Hales, , FACHE			Date of Receipt		
	Mailing Address 500 Nelson Boulevard	M M / D D / Y Y Y Y				
		12 20 2006				
	City	State	Zip Code	Transaction ID: 13525951		
	Kingstree	SC	29556-4027	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		230.00		
	Name of Employer Williamsburg Regional Hos-	Occupation	n	7		
	villiamsburg Regional Hos- pital	Chief Exe	ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		230.00			
_	Full Name (Last, First, Middle Initial)			Polari Postid		
U.	Mr. Joe D Howell Mailing Address 1530 North Limestone 3	Ctroct		Date of Receipt		
	Mailing Address 1530 North Limestone S	Street		12 20 2006		
	City	State	Zip Code	Transaction ID: 13525952		
	Gaffney	SC	29340-4742	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer Upstate Carolina Medical	Occupation				
	Center		e Director	_		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		250.00			
_						
				1000.00		
Ls	UBTOTAL of Receipts This Page (optional)		······	1000.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 57 / 226
	EMIZED RECEIPTS		or each category of the	(check only or	, —	44. 🗆 45
• •			Detailed Summary Page	X 11a 13	11b 14	11c 12 15 16 17
An	v information copied from such Reports and Stat	ements may	not be sold or used by any perso			
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contribution	ons from s	uch committee.
	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby			Date of Re	oceint	
٠.	Mailing Address 1000 Center Point Road			M M /	DDD	/ Y Y Y Y
				12	20	2006
	City	State	Zip Code	Transactio		
	Columbia	SC	29210-5802	Amount of	Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	С				115.41
	Name of Employer South Carolina Hospital	Occupation		7		
	Association Receipt For:	President	t & CEO Year-to-Date ▼	\dashv		
	Primary General	Ayyreyale		. [
	Other (specify) ▼		365.47			
 3.	Full Name (Last, First, Middle Initial) Catherine E. Leubbert			Date of Re	eceipt	
	Mailing Address 160 Tradd Circle			M M /	20	2006
	City	State	Zip Code	Transaction		
	Sumter	SC	29150-2200			eipt this Period
	FEC ID number of contributing			1 1 1	1 1	250.00
	federal political committee.	С				250.00
	Name of Employer Tuomey Healthcare System	Occupation	1	_		
	Tuomey Healthcare System	Director of	of Physician Recruitment			
	Receipt For:	Aggregate	Year-to-Date ▼	.		
	Primary General Other (specify) ▼		250.00			
		0 0	0 0 0 0 0 0 0			
Э.	Full Name (Last, First, Middle Initial) Mr. Gregg Martin			Date of Re	eceipt	
	Mailing Address 2252 Rolling Hill Lane			1 2 /	20	2006
	City	State	Zip Code	Transaction		
	Sumter	SC	29150-1934			eipt this Period
	FEC ID number of contributing	C .		-		250.00
	federal political committee.	C				250.00
	Name of Employer Tuomey Healthcare System	Occupation				
	Receipt For:		ce President & COO Year-to-Date ▼	\dashv		
	Primary General	Aggregate				
	Other (specify) ▼		250.00			
-	UBTOTAL of Receipts This Page (optional)				• • •	615.41
<u> </u>	ODITAL OF RECEIPTS THIS Page (Optional)		······································		• • •	
T	OTAL This Period (last page this line number on	ly)	>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 226			
ITEMIZED RECEIPTS		or each category of the		(check only one)			
HEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. George Rikard			Date of Receipt			
	Mailing Address 26 English Street			12 20 20 2006			
	City	State	Zip Code	Transaction ID: 13525957			
	Sumter	SC	29150-3212	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Tuomey Healthcare System	Occupation	n e Compliance Officer	7			
	Receipt For:	<u> </u>	Year-to-Date ▼	7			
	Primary General	33 -3		7			
	Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Michael Riordan			Date of Receipt			
	Mailing Address 4 White Crescent Lane	12 20 20 6					
	City	State	Zip Code	Transaction ID: 13525958			
	Simpsonville	SC	29681-3614	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		500.00			
	Name of Employer Greenville Hospital System	Occupation	n				
	Greenville Hospital System	Presiden	t and CEO				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	-	500.00	1			
	Other (specify) ▼		500.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Allan Stalvey			Date of Receipt			
	Mailing Address 101 Medical Circle Post Office Box 6009			12 20 2006			
	City	State	Zip Code	Transaction ID: 13525959			
	West Columbia	SC	29169-3655	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		115.41			
	Name of Employer South Carolina Hospital Association	Occupation Senior Vi	n ce President	7			
	Receipt For:		e Year-to-Date ▼	7			
	Primary General	23 0		1			
	Other (specify) ▼	0 0	365.47]			
s	UBTOTAL of Receipts This Page (optional)		__	865.41			
H	1		_	-			

SCHEDIII E A /EEC Eor	m 2Y\		FOR LINE NUMBER:	PAGE 59 / 226
SCHEDULE A (FEC Form 3X) Use separate schedule(s)			(check only one)	307220
ITEMIZED RECEIPTS		or each category of the	X 11a 11b	11c
		Detailed Summary Page	13 14	15 16 17
Any information copied from such Re	norte and Statemente may	, not be sold or used by any pers		
or for commercial purposes, other tha	in using the name and add	dress of any political committee to	solicit contributions from	such committee.
NAME OF COMMITTEE (In Full)				
American Hospital Association	on DAC			
American Hospital Association	DITAG			
Full Name (Last, First, Middle Initia	al)			
A. Mr. Doug White	۵.,		Date of Receipt	
Mailing Address 809 82nd Pa	rkwav		M M / D D	/ Y Y Y Y
3 33 32			12 20	2006
City	State	Zip Code	Transaction ID: 13	525960
Myrtle Beach	SC	29572-4611	Amount of Each Re	
FEC ID number of contributing				· · · · · ·
federal political committee.	C			505.00
·				
Name of Employer Grand Strand Regional Med-	Occupation			
ical Center	Chief Exe	ecutive Officer		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		505.00	1	
Other (specify)	0 0	505.00		
Full Name (Last, First, Middle Initia	al)			
Mr. John R White			Date of Receipt	
Mailing Address 801 East Wh	eeler Road		M M / D D	/ Y Y Y Y
			12 20	2006
City	State	Zip Code	Transaction ID: 13	525963
Moses Lake	WA	98837-1820	Amount of Each Re	ceipt this Period
FEC ID number of contributing	С			125.00
federal political committee.				0.00
Name of Employer	Occupation	n	_	
Samaritan Healthcare	· ·	t and Chief Executive Office	ır İ	
Receipt For:		Year-to-Date ▼		
Primary General	Aggregate	Teal to Bate V	7	
Other (specify)		625.00		
Carlor (oposity) 🔻			-	
Full Name (Last, First, Middle Initia	al)			
C. Mr. Dennis E Burke	ar)		Date of Receipt	
Mailing Address 610 NW 11th	Street		M M / D D	/ Y Y Y Y
			12 20	2006
City	State	Zip Code	Transaction ID: 13	525966
Hermiston	OR	97838-6601	Amount of Each Re	ceipt this Period
FEC ID number of contributing				105.00
federal political committee.	C			125.00
Name of Employer Good Shepherd Healthcare	Occupation			
System	Presiden		\dashv	
Receipt For:	Aggregate	e Year-to-Date ▼	_ [
Primary General		250.00		
Other (specify)			1	
	, .i . D			755.00
SUBTOTAL of Receipts This Page	(optional)	······		
TOTAL This Period (last page this li	ne number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 226
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. George N. Miller			Date of Receipt
	Mailing Address One South Limestone S	treet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13525995
	Springfield	ОН	45502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Catholic Healthcare Partn-	Occupation		
	ers Receipt For:		e Year-to-Date ▼	
	Primary General	, iggi ogaic		1
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Alan W Brass, , FACHE			Date of Receipt
	Mailing Address 1801 Richards Road			12 20 7 2006
	City	State	Zip Code	Transaction ID: 13525996
	Toledo	OH	43607-1037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ProMedica Health System	Occupation Chief Exe	n ecutive Officer and Presiden	t
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Randy Oostra			Date of Receipt
	Mailing Address 21 Tremore Way			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13525997
	<u>Holland</u>	OH	43528-9108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ProMedica Health System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
S	UBTOTAL of Receipts This Page (optional)			2000.00
_	OTAL This Period (last page this line number or	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 226
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
٩.	Ms. Barbara Steele			Date of Receipt
	Mailing Address 2142 North Cove Bouley	/ard		12 20 Y Y Y Y Y Y Y
	City	State	Zip Code	
	City Toledo	OH	43606-3896	Transaction ID: 13525998
		OH	43000-3090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Toledo Hospital, The	Occupation		7
		President	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Other (specify)		1 1 1 1 1 1 1	
	Full Name (Last, First, Middle Initial) Mr Charles P Swisher, , FACHE			Date of Receipt
٥.	Mailing Address P O Box 907			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13525999
	<u>Fostoria</u>	OH	44830-0907	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	<u> </u>		300.00
	Name of Employer	Occupation	 n	╡
	Fostoria Community Hospit- al		e Vice President Governmen	t Re
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	750.00	
	Other (specify)		750.00	
	Full Name (Last First Middle Initial)			
Э.	Full Name (Last, First, Middle Initial) Mr. John E Horns			Date of Receipt
	Mailing Address 1200 Ralston Avenue			12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Ctata	7in Code	
	City <u>Defiance</u>	State OH	Zip Code 43512-1396	Transaction ID: 13526000 Amount of Each Receipt this Period
		OH	43312-1390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Defiance Regional Medical	Occupation		
	Center Receipt For:	President	e Year-to-Date ▼	-
	Primary General	Aggregate	Teal to Bate V	
	Other (specify)	l	250.00	
	<u> </u>			<u> </u>
	·			1000.00
S	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 226
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EINILE D'ILEGEII TO			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and S	tatements may	not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
	Mailing Address 257 Clouse Lane			12 20 206
	City	State	Zip Code	Transaction ID: 13526005
	Granville	OH	43023-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt
	Mailing Address 2743 Elginfield Road			M M / D D / Y Y Y Y
	0::	0	7' 0 1	12 20 2006
	City	State OH	Zip Code	Transaction ID: 13526007
	Upper Arlington	ОП	43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Ohio Hospital Association	Occupation	n ce President	
	Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0		7
	Other (specify) ▼		487.50	
C.	Full Name (Last, First, Middle Initial) Dr. David Engler, PhD			Date of Receipt
Ο.	Mailing Address 323 Pebble Creek Drive	e		M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13526008
	Dublin	OH	43017-1370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association		ata Services & V.P. REF	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)	450.00		
T	OTAL This Period (last page this line number	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 63 / 226
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciti	ng contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from s	uch committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan			Date of Receipt	
	Mailing Address 54 West Weisheimer Ro	ad		1 2 / 2 0	2006
	City	State	Zip Code	Transaction ID: 135	526009
	Columbus	OH	43214-2545	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Ohio Hospital Association	Occupation Director.	n Government Affairs		
	Receipt For:	,	Year-to-Date ▼		
	Primary General			1	
	Other (specify)	0 0	500.00		
3.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt	
	Mailing Address 257 Clouse Lane	1 2 / D D D 2 0	2006		
	City	Transaction ID: 135	526013		
	Granville	OH	43023-1428	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		205.00	1	
	Other (specify)		625.00		
Э.	Full Name (Last, First, Middle Initial) Ms. Kimberly A. Keiser			Date of Receipt	
	Mailing Address 2237 Bryden Road			12 / 20	2006
	City	State	Zip Code	Transaction ID: 135	526014
	Bexley	OH	43209-1612	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Ohio Hospital Association	Occupation Chief Info	n ormation Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	500.00	1	
	Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)				625.00
T	OTAL This Period (last page this line number on	ly))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 226	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12	
			, ,	13 14 15 16 17	
Any ir or for	nformation copied from such Reports and Sta commercial purposes, other than using the I	n for the purpose of soliciting contributions solicit contributions from such committee.			
N/	AME OF COMMITTEE (In Full)				
\	merican Hospital Association PAC				
A. Mr	II Name (Last, First, Middle Initial) : Charles Cataline			Date of Receipt	
Ma 	ailing Address 111 E. Frankfort St.			12 20 20 2006	
Cit	ty	State	Zip Code	Transaction ID: 13526015	
<u>C</u>	olumbus	OH	43206-2011	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		125.00	
Na Ol	ame of Employer nio Hospital Association	Occupation Chief Exe	n ecutive Officer		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
	II Name (Last, First, Middle Initial) s. Mary M. Yost			Date of Receipt	
Ma	ailing Address 924 Riva Ridge Bouleva	12 20 7 2006			
Cit	ty	State	Zip Code	Transaction ID: 13526017	
<u>G</u>	ahanna	OH	43230-3825	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		250.00	
Na Ol	ame of Employer nio Hospital Association	Occupation Vice Pres	n sident, Public Affairs		
Re	eceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	500.00		
	Il Name (Last, First, Middle Initial) . James R. Castle			Date of Receipt	
Ma	ailing Address 815 Gatehouse Lane		1 2 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Cit	ty	State	Zip Code	Transaction ID: 13526018	
C	olumbus	ОН	43235-1733	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		500.00	
Na Ol	ame of Employer nio Hospital Association	Occupation President	n t & Chief Executive Officer		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00		
SUB	TOTAL of Receipts This Page (optional)			875.00	

COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 65 / 226
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and St.	otomonte may	y not be cold or used by any perce	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association I Ac			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Rick Sites			Date of Receipt
	Mailing Address 1312 Smalwood Drive			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13526020
	Columbus	OH	43235-2503	Amount of Each Receipt this Period
	FEC ID number of contributing			105.00
	federal political committee.	C		125.00
	Name of Employer Ohio Hospital Association	Occupation		
			al Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)	0 0	200.00	1
D	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt
Ь.				─ │
	Mailing Address 2743 Elginfield Road	12 20 2006		
	City	State	Zip Code	Transaction ID: 13526021
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period
	•	OH	43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	rederal political committee.			
	Name of Employer Ohio Hospital Association	Occupation	า	7
	Onio Hospital Association	Senior Vi	ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.50	1
	Other (specify)		562.50	
_	Full Name (Last, First, Middle Initial)			
Ċ.	Ms. Mary L. Gallagher			Date of Receipt
	Mailing Address 205 Fallis Road			12 20 2006
	City	State	Zip Code	
	Columbus	OH	·	Transaction ID: 13526024
		Un	43214-3770	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Ohio Hospital Association	Vice Pres	sident & General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			450.00
\vdash				-

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 66 / 226
-		Use separate schedule(s) or each category of the		(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solic	iting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. John E. Callender			Date of Receipt	
	Mailing Address 2743 Elginfield Road			M M / D D	
				12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Upper Arlington	ОН	43220-4247	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			85.00
	Name of Employer Ohio Hospital Association	Occupation			
	·	1	ce President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify)		647.50		
				1	
3.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Klingler			Date of Receipt	
	Mailing Address 155 East Broad Street			M M / D D	/ Y Y Y Y
				12 20	2006
	City	State	Zip Code	Transaction ID: 13	3526026
	Columbus	OH	43215-3626	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer	Occupation	 1		
	Name of Employer Ohio Hospital Association		State Policy & Advocacy		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
•	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt	
-•	Mailing Address 2743 Elginfield Road			M M / D D	/ Y Y Y Y Y
				12 20	2006
	City	State	Zip Code	Transaction ID: 13	3526028
	Upper Arlington	OH	43220-4247	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			200.00
	federal political committee.				200.00
	Name of Employer	Occupation	 1	\dashv	
	Ohio Hospital Association		ce President		
	Receipt For:	1	e Year-to-Date ▼		
	Primary General		047.50	1	
	Other (specify)		847.50		
					410.00
S	UBTOTAL of Receipts This Page (optional)				410.00
T	OTAL This Period (last page this line number or	nly)	>		

S

_				FOR LINE NUMBER: PAGE 67 / 226			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary rage	13 14 15 16 17			
Ar	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Susan Stanfield			Date of Receipt			
	Mailing Address 6218 Muirlock Court			12 20 2006			
	City	State	Zip Code	Transaction ID: 13526029			
	<u>Dublin</u>	OH	43017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer Ohio Hospital Association	Occupation Chief Exe	n ecutive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
В.	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt			
	Mailing Address 2743 Elginfield Road	12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 13526031			
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		972.50				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt			
	Mailing Address 2743 Elginfield Road			12 20 2006			
	City	State	Zip Code	Transaction ID: 13526033			
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		187.50			
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1160.00				
s	UBTOTAL of Receipts This Page (optional)			437.50			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 226				
			Use separate schedule(s) or each category of the	(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			, ,	13 14 15 16 17				
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
۹.	Full Name (Last, First, Middle Initial) Mr Robert Christie			Date of Receipt				
	Mailing Address 251 East Huron Street			12 20 6				
	City	State	Zip Code	Transaction ID: 13528505				
	Chicago	<u> L</u>	60611-2908	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Northwestern Memorial Hos- pital	Occupation Vice Pres	n sident, Government and Leg	isla				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	250.00					
 3.	Full Name (Last, First, Middle Initial) Mr. Clifford L Corbett			Date of Receipt				
	Mailing Address 150 West High Street			12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13528506				
	Morris	<u>IL</u>	60450-1497	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Morris Hospital & Healthc- are Centers	Occupation President	n t and Chief Executive Office					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00					
).	Full Name (Last, First, Middle Initial) Mr. Dean M Harrison			Date of Receipt				
	Mailing Address 251 East Huron Street			12 20 7 2006				
	City	State	Zip Code	Transaction ID: 13528508				
	Chicago	IL	60611-2908	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Northwestern Memorial Hos- pital	Occupation President	n t and Chief Executive Office					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
s	SUBTOTAL of Receipts This Page (optional)							
			•					
T	OTAL This Period (last page this line number or	nly)						

S

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 69 / 226
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Detailed Cultimary Lage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
A.	Mr. William B Leaver			Date of Receipt
	Mailing Address 2701 17th Street			M M / D D / Y Y Y Y
	-			12 20 2006
	City	State	Zip Code	Transaction ID: 13528510
	Rock Island	<u>IL</u>	61201-5351	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	<u> </u>		300.00
	Name of Employer	Occupation		\dashv
	Name of Employer Trinity Medical Center-We-		and Chief Executive Officer	.
	st Receipt For:		Year-to-Date V	-
	Primary General	Ayyıeyale	Teal-to-Date ¥	
	Other (specify)		500.00	
	Carlor (openity) •	1 1		
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 3013 Mary Kay Lane			M M / D D / Y Y Y Y
	a g a sa coro mary ray Lano			12 20 2006
	City	State	Zip Code	Transaction ID: 13528511
	Glenview	IL	60026-1162	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Advocate Health Care	Occupation		
			ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	1 1		
	E. II Nicoco (Local, Elizat Michael Lettical)			
C.	Full Name (Last, First, Middle Initial) Mr. Kevin P Poorten			Date of Receipt
-	Mailing Address P O Box 707			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13528512
	Dekalb	IL	60115-0707	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Kish Health System	Occupation		
			and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	250.00	
	Other (specify)	0 0	250.00	
_				1
				1000.00
S	UBTOTAL of Receipts This Page (optional)		·····	1000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 226
-		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jean Przybylek			Date of Receipt
	Mailing Address 306 Highland			12 20 2006
	City	State	Zip Code	Transaction ID: 13528513
	Elmhurst	IL	60126-2245	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Northwestern Memorial Hos-	Occupation	n sident, Operations	
	pital Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	250.00	
				1
В.	Full Name (Last, First, Middle Initial) Mr. Robert G Senneff, , FACHE			Date of Receipt
	Mailing Address 210 West Walnut Street			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13528515
	Princeton	<u>IL</u>	61520-2497	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Graham Hospital	Occupation		
	·	1	and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0		J
_	Full Name (Last, First, Middle Initial)			Date of Proceint
C.	Ms. Terri L. Allen Mailing Address 1151 East Warrenville F	Pood		Date of Receipt
	Walling Address	noau		12 20 2006
	City	State	Zip Code	Transaction ID: 13528547
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing			10.50
	federal political committee.	С		12.50
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion	Regional	<u> </u>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		312.50	
	Other (specify) ▼		012.00	1
_				
				762.50
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	702.00
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
ITEMIZED RECEIPTS			or each category of the	(check only one	e)
II LIVIIZED RECEIP 13			Detailed Summary Page	ı → →	11b 11c 12
_					14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose (solicit contribution	of soliciting contributions as from such committee.
<u></u>	NAME OF COMMITTEE (In Full)		areas ar arry pointed as arrivation to		
$ \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Ms. Elena Butkus			Date of Rec	eipt
	Mailing Address 1151 E. Warrenville Ro	ad		1 2	D D / Y Y Y Y Y
	Cit.	01-1-	7:a Code		20 2006
	City	State IL	Zip Code		ID: 13528549
	Naperville		60563-9339	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			31.25
	rederal political committee.				
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion		sident, Finance		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1043.75		
	Other (specify)	1			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rec	eipt
	Mailing Address 740 North Hayes			M M /	D D / Y Y Y Y
	·			12	2006
	City	State	Zip Code	Transaction	ID: 13528553
	Oak Park	<u> </u>	60302-1706	Amount of E	Each Receipt this Period
	FEC ID number of contributing	С			20.83
	federal political committee.				
	Name of Employer Illinois Hospital Associa-	Occupation	n		
	Illinois Hospital Associa- tion	Sr. VP, G	General Counsel		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		695.88	1	
	Other (specify)		093.00		
	Full Names (Lost First Addulla Latter)				
C.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Rec	eipt
-	Mailing Address 1151 East Warrenville	Road		M M /	D D / Y Y Y Y
				1 2	2006
	City	State	Zip Code	Transaction	ID: 13528554
	Naperville	IL	60563-9339	Amount of E	Each Receipt this Period
	FEC ID number of contributing	C			31.25
	federal political committee.				01.20
	Name of Employer	Occupation	n	1	
	Illinois Hospital Associa- tion	Director of	of Development		
	Receipt For:		e Year-to-Date ▼		
	Primary General	-	1040.75	1	
	Other (specify)		1043.75		
			83.33		
S	UBTOTAL of Receipts This Page (optional))	<u> </u>	00.00
$\mathbf{I} \cdot \mathbf{T}$	OTAL This Period (last page this line number of	oniy)			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 72 / 226
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd.			12 20 6
	City	State	Zip Code	Transaction ID: 13528555
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer Illinois Hospital Associa- tion	Occupation Director.	n Human Resources	
	Receipt For:		e Year-to-Date ▼	
	Primary General		242.06	1
	Other (specify)	0 0	343.86	
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Filliung			Date of Receipt
	Mailing Address 1013 59th Street	ailing Address 1013 59th Street		
	City	State	Zip Code	Transaction ID: 13528556
	Lisle	<u> </u>	60532-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.42
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion		Government Relations	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		343.86	
- C.	Full Name (Last, First, Middle Initial) Mr. Brian Foster			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			12 20 7 2006
	City	State	Zip Code	Transaction ID: 13528557
	Naperville	<u> </u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres		
	Receipt For:	l	e Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		695.89	
s	UBTOTAL of Receipts This Page (optional)			41.67
т.	OTAL This Period (last page this line number or	nlv)		
• '			· · · · · · · · · · · · · · · · · · ·	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	EMIZED RECEIPTS		or each category of the	(check only one	
	LIMIZED REGEN 13		Detailed Summary Page	I 	11b 11c 12 14 15 16 17
۸r	w information copied from such Paperts and Sta	tomonte ma	rot be sold or used by any perso		
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contribution	ns from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Tamara Lynn Gamrat			Date of Rec	eipt
	Mailing Address 1911 Hamilton Street	Ctata	7'n Oada	12	20 2006
	City	State IL	Zip Code		ID: 13528558
	Murphysboro	IL.	62966-1519	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			7.81
	Name of Employer St. Joseph Memorial Hospi- tal	Occupation Administ		1	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	257.89		
3.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Rec	eipt
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			12	20 / 2006
	City	State	Zip Code	Transaction	ID: 13528560
	Naperville	IL	60563-9339	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			20.83
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion	1	t Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		695.88		
).	Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer			Date of Rec	eipt
	Mailing Address 1755 Maple Lane			1 2	20 / 2006
	City	State	Zip Code	Transaction	ID: 13529114
	Wheaton	<u> </u>	60187-3317	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			37.50
	Name of Employer Central DuPage Hospital	Occupation President		1	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	937.50		
s	UBTOTAL of Receipts This Page (optional)				66.14
_			_		
T	OTAL This Period (last page this line number or	าเy)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Teresa Hursey			Date of Receipt
	Mailing Address 1151 East Warrenville Ro	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13529115
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer Illinois Hospital Associa-	Occupation	sident, Finance	
	tion Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify)	0 0	1043.75	
3.	Full Name (Last, First, Middle Initial) Ms. Susan Kaufman			Date of Receipt
Mailing Address 1151 E. Warranville Rd.				12 20 2006
	City	State	Zip Code	Transaction ID: 13529117
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.50
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion Receipt For:		Vice President Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date ▼	
	Other (specify) ▼		346.50	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis			Date of Receipt
	Mailing Address 1151 East Warrenville Ro	oad		12 20 7 2006
	City	State	Zip Code	Transaction ID: 13529119
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.42
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion		Government Relations	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	343.86	
s	UBTOTAL of Receipts This Page (optional)			52.17
	, 5 (17			
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X) Use separate schedule(s		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 75 / 226	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solici solicit contributions from	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in one and 1 loop has 7 loop later 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
Α.	Ms. Patricia Merryweather-Arges			Date of Receipt	
	Mailing Address 1151 E. Warrenville Ro	ad		12 20	2006
	PO Box 3015 City	State	Zip Code	Transaction ID: 13	
	Naperville	IL	60563-9339	Amount of Each Re	
			00000 0000	Amount of Laciffie	
	FEC ID number of contributing federal political committee.	C			31.25
		1-		_	
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion Receipt For:	Vice Pres	e Year-to-Date V	_	
	Primary General	Aggregate	r rear-to-date V	1	
	Other (specify)		1043.75		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 4109 Southwoods Road	d		1 2 2 0	2006
	City	Ctoto	Zip Code		
	City Springfield	State IL	·	Transaction ID: 13	
	Springfield	IL.	62707-6070	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			31.25
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion		ce President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1043.75		
	Carior (openity) 🔻		1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. John J. Raleigh			Date of Receipt	
	Mailing Address 1141 East Warrenville I	Road		1 2 2 0	2006
	City	State	Zip Code	Transaction ID: 13	
	Naperville	IL	60563-1493	Amount of Each Re	
	•		00000 1400	Amount of Lacif Ne	ceipt this renou
	FEC ID number of contributing federal political committee.	C			125.00
	·				
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion	Vice Pres			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		750.00		
		0 0		1	
s	UBTOTAL of Receipts This Page (optional)				187.50
				-	
T	OTAL This Period (last page this line number of				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any or f	r information copied from such Reports and Stor commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt
	Mailing Address 1531 Maria Court			12 20 7 2006
	City Wheaton	State IL	Zip Code 60187-3777	Transaction ID: 13529128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer Illinois Hospital Associa- tion	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1043.75	
В.	Full Name (Last, First, Middle Initial) Mr. Gary A Meyer Mailing Address P O Box 2349			Date of Receipt
	City	State	Zip Code	1 2 2 9 2 0 0 6 Transaction ID: 13547635
	Seymour	IN	47274-5000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
•	Name of Employer Schneck Medical Center		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Leslie Lacy			Date of Receipt
	Mailing Address P O Box 547			12 29 2006
	City Saint Francis	State KS	Zip Code 67756-0547	Transaction ID: 13547651 Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	C		275.00
•	Name of Employer Cheyenne County Hospital	Occupation Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
SL	JBTOTAL of Receipts This Page (optional)			556.25
T.	OTAL This Period (last page this line number of	naly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 226
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
	name and add	ы ез он ану ронисансоттитее то	Solicit Contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Thomas L. Bell			Date of Receipt
Mailing Address 4301 NW Valley Road			12 29 2006
City Topeka	State KS	Zip Code 66618-3445	Transaction ID: 13547659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Kansas Hospital Associati- on	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 442.31	
Full Name (Last, First, Middle Initial) 3. Mr. Thomas L. Bell			Date of Receipt
Mailing Address 4301 NW Valley Road			12 29 2006
City	State	Zip Code	Transaction ID: 13547660
<u>Topeka</u>	KS	66618-3445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		57.69
Name of Employer Kansas Hospital Associati-	Occupatio Presiden		
on Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky			Date of Receipt
Mailing Address 14607 West 89th Stree	t		12 29 2006
City	State	Zip Code	Transaction ID: 13547661
Lenexa	KS	66215-2967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		57.69
Name of Employer Kansas Hospital Associati- on	Occupatio Senior V	ⁿ ice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		249.98	
SUBTOTAL of Receipts This Page (optional)			365.38
TOTAL This Period (last page this line number of	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 78 / 226
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Summary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting	na contributions
or 1	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from su	uch committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
_	Full Name (Last First Middle Initial)			1	
۸.	Full Name (Last, First, Middle Initial) Ms. Deborah Frey Stern			Date of Receipt	
	Mailing Address 3010 Clark Court			M M / D D	/ Y
	5 COTO GIAIN COUNT			12 29	2006
	City	State	Zip Code	Transaction ID: 135	47662
	Topeka	KS	66604-2660	Amount of Each Rec	eipt this Period
	FEC ID number of contributing				00.00
	federal political committee.	C			28.86
	Name of Employer Kansas Hospital Associati-	Occupation	า		
	on Kansas Hospitai Associati-	Vice Pres	sident		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		212.56	1	
	Other (specify)		212.30		
	Full Name (Last, First, Middle Initial)			D. (D.)	
	Mr. Bruce P Bailey			Date of Receipt	
	Mailing Address Drawer 1718			12 29	2006
	City	State	Zip Code	Transaction ID: 135	
	Georgetown	SC	29442-1718	Amount of Each Rec	
	FEC ID number of contributing			7	
	federal political committee.	C			500.00
	N (5)	I 0 .:			
	Name of Employer Georgetown Memorial Hospi-	Occupation	n ecutive Officer		
	tal Receipt For:		Year-to-Date V	_	
	Primary General	Aggregate	real to Bate 🔻	1	
	Other (specify)		500.00		
).).	Full Name (Last, First, Middle Initial) Mr. Michael J Biediger			Date of Receipt	
	Mailing Address 2720 Sunset Boulevard			M " M / D " D .	/ Y Y Y Y
				12 29	2006
	City	State	Zip Code	Transaction ID: 135	547840
	West Columbia	SC	29169-4810	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer	Occupation	1		
	Lexington Medical Center	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
	L				1020.00
SI	JBTOTAL of Receipts This Page (optional)				1028.86
T	OTAL This Period (last page this line number or	nly))		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 226
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) A. Dr. Richard Boyer			Date of Receipt
Mailing Address 6143 Hampton Ridge			12 29 2006
City	State	Zip Code	Transaction ID: 13547842
Columbia	SC	29209-1308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Sisters of Charity Provid-	Occupation		7
ence Hospital		of Emergency Department	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) 3. Mr. Jay Cox			Date of Receipt
Mailing Address 129 North Washington	Street		12 29 7 2006
City	State	Zip Code	Transaction ID: 13547844
Sumter	SC	29150-4983	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tuomey Healthcare System	Occupation		
Receipt For:		t and Chief Executive Officer e Year-to-Date ▼	
Primary General	, iggi ogaic		1
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) C. Mr. Thomas C Dandridge			Date of Receipt
Mailing Address 3000 St Matthews Road	<u> </u>		M M / D D / Y Y Y Y
		Zin Cod-	12 29 2006
City <u>Orangeburg</u>	State SC	Zip Code 29118-1442	Transaction ID: 13547848 Amount of Each Receipt this Period
FEC ID number of contributing		201101112	
federal political committee.	C		500.00
Name of Employer Regional Medical Center	Occupation President		
of Ōrangeburg Receipt For:		e Year-to-Date ▼	\dashv
Primary General	33 - 3		1
Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line number o	nly)	>	

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms Lisa Goodlett			Date of Receipt
	Mailing Address 3000 St Matthews Road			12 29 2006
	City	State	Zip Code	Transaction ID: 13547852
	Orangeburg FEC ID number of contributing federal political committee.	SC C	29118-1442	Amount of Each Receipt this Period 1000.00
	Name of Employer Regional Medical Center of Orangeburg Receipt For: ☐ Primary ☐ General Other (specify) ▼		n sident Finance • Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Edmond R. Jordan Mailing Address 201 Graylyn Drive			Date of Receipt
	City	State	Zip Code	12 29 2006
	Anderson	SC	29621-1985	Transaction ID: 13547854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	500.00
	Name of Employer AnMED Health Medical Center Receipt For: Primary General Other (specify) ▼		of Urgent Care e Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Joseph Modzelewski			Date of Receipt
Ο.	Mailing Address 2435 Forest Drive			1 2 2 9 2 0 0 6
	City Columbia	State SC	Zip Code 29204-2026	Transaction ID: 13547855 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sisters of Charity Provid- ence Hospital Receipt For: Primary General Other (specify) ▼		n ef of Medical Staff e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 226
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Michael Riordan			Date of Receipt
	Mailing Address 4 White Crescent Lane			12 29 2006
	City	State	Zip Code	Transaction ID: 13547856
	Simpsonville	SC	29681-3614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Greenville Hospital System	Occupation Presiden	n t and CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		4000.00	
	Other (specify)	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Stuart Smith			Date of Receipt
	Mailing Address 169 Ashley Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13547858
	Charleston	SC	29403-5836	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MUSC Medical Center of Me- dical Univers	Occupation Vice Pres	n sident Clinical Operations an	d d
	Receipt For:		e Year-to-Date ▼	
	Primary General	111	1000 00	
	Other (specify) ▼	0 0	1000.00	
) .	Full Name (Last, First, Middle Initial) Mr Frank G McDougall			Date of Receipt
	Mailing Address One Medical Center Driv	/e		12 29 2006
	City	State	Zip Code	Transaction ID: 13547889
	Lebanon	NH	03756-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation		7
	al Center	·	Government Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional))	1250.00
т.	OTAL This Period (last page this line number or	nlv)		
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S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 82 / 226
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 standa Sammary i ago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael B Green			Date of Receipt
	Mailing Address 250 Pleasant Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13547903
	Concord	NH	03301-2598	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Concord Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas Marchozzi			Date of Receipt
	Mailing Address 110 Irving Street North	M " M / D " D / Y " Y " Y " Y		
		12 29 2006		
	City	State	Zip Code	Transaction ID: 13547925
	Washington	DC	20010-2976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Washington Hospital Center	Occupation		
		1 -	ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify)	0 0		
— С.	Full Name (Last, First, Middle Initial) Ms. Ann Campbell			Date of Receipt
Ο.	Mailing Address 401 Knolls Road			M M / D D / Y Y Y Y
	Walling Address 401 Kilolis Hoad			12 29 2006
	City	State	Zip Code	Transaction ID: 13547929
	West Chester	PA	19382-8254	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Virtua Health	Occupation		
			rsing Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Other (apoonly) \	0 0	0 0 0 0 0 0 0	
_	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X) Use separate sch		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 83 / 226	
	EMIZED RECEIPTS		or each category of the	(check only one)	
"	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
Or		name and add	aress of any political committee to	SOlicit Contributions from	Such committee.
	NAME OF COMMITTEE (In Full)				
\angle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Christopher A Chekouras			Date of Receipt	
	Mailing Address 483 Atsion Road			12 29	2006
	City	State	Zip Code	Transaction ID: 13	
	<u>Shamong</u>	NJ	08088-8942		
	•	INU	00008-8942	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Virtua Health	Occupation Vice Pres			
	Receipt For:		Year-to-Date ▼		
	Primary General	Aggregate	real-lo-bate V	,	
	Other (specify)		250.00		
			0 0 0 0 0 0 0	1	
— В.	Full Name (Last, First, Middle Initial) Mr. Stephen Kolesk			Date of Receipt	
	Mailing Address 155 York Road			M M / D D	/ Y Y Y Y
				12 29	2006
	City	State	Zip Code	Transaction ID: 13	547931
	Delran	NJ	08075-2217	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer	Occupation	2	_	
	Name of Employer Virtua Health	Vice Pres			
	Receipt For:		e Year-to-Date ▼	_	
	Primary General	7 1991 09410	Total to Bate V	1	
	Other (specify) ▼		250.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper			Date of Receipt	
	Mailing Address 121 Clear Creek Road			M M / D D	/ Y Y Y Y
				12 29	2006
	City	State	Zip Code	Transaction ID: 13	547935
	<u>Langhorne</u>	PA	19047-2306	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			5.00
	Name of Employer	Occupation	n		
	New Jersey Hospital Association	Vice Pres	sident, Human Resources		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		005,00	1	
	Other (specify)		265.00		
_					
s	UBTOTAL of Receipts This Page (optional))		505.00
			•	-	
T	OTAL This Period (last page this line number of	only)	>		

S	SCHEDULE A (FEC Form 3X)		Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 84 / 226
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski			Date of Receipt
	Mailing Address 17 Brookshire Drive			12 29 2006
	City	State	Zip Code	Transaction ID: 13547936
	Robbinsville	NJ	08691-2554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident & General Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		265.00	
В.	Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein			Date of Receipt
	Mailing Address 27 Harvest Lane			12 29 2006
	City	State	Zip Code	Transaction ID: 13547937
	Livingston	NJ	07039-2750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident Continuing Care Serv	rice
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		265.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Guy P. Evans			Date of Receipt
	Mailing Address 41 Manitto Place			12 29 2006
	City	State	Zip Code	Transaction ID: 13547938
	Oceanport	NJ	07757-1510	Amount of Each Receipt this Period
	Cocamport			
	FEC ID number of contributing federal political committee.	C		5.00
	FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association	Occupation Vice Pres	sident	5.00
	FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For:	Occupation Vice Pres		5.00
	FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association	Occupation Vice Pres	sident	5.00
s	FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General	Occupation Vice Pres Aggregate	sident Year-to-Date ▼ 385.00	15.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 226
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
/	, and the second of the second			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain Re	oad		M M / D D / Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13547940
	New Hope	PA	18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing			5.00
	federal political committee.	C		5.00
	Name of Employer New Jersey Hospital Assoc-	Occupation		
	iation		Health Economics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		390.01	
	Other (specify) ▼		390.01	
	Full Name (Last, First, Middle Initial)			
⋨.	Ms. Valerie S. Kantrowitz			Date of Receipt
	Mailing Address 82 Millers Grove Road	12 29 2006		
	City	State	Zip Code	
	•		•	Transaction ID: 13547941
	Belle Mead	NJ	08502-4306	Amount of Each Receipt this Period
	FEC ID number of contributing	C		5.00
	federal political committee.			
	Name of Employer	Occupation	 1	7
	Name of Employer New Jersey Hospital Assoc- iation		P., Health Planning & Resea	arc
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify)		390.00	
				'
	Full Name (Last, First, Middle Initial)			
Э.	Mr. David P. Lavins			Date of Receipt
	Mailing Address 10 Fox Chase Road			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13547943
	Malvern	PA	19355-3441	Amount of Each Receipt this Period
	FEC ID number of contributing			5.00
	federal political committee.	C		3.00
	Name of Employer	Occupation	<u> </u>	\dashv
	New Jersey Hospital Assoc-	1	ancial Officer	
	iation Receipt For:		Year-to-Date V	-
	Primary General	Aggregate	Toal-to-Date ▼	
	Other (specify)		885.00	
	Carlot (opcolity)		0 0 0 0 0 0 0	
_	HIDTOTAL of Descripto This Descriptor N			15.00
5	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Davis of Alexander Materials and A	-1)		
- 11	OTAL This Period (last page this line number or	пу)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Δ.	Full Name (Last, First, Middle Initial) Mr. John K Lloyd Mailing Address 1350 Campus Parkway City Wall Township FEC ID number of contributing	State NJ	Zip Code 07753-6821	Date of Receipt M M M
	Receipt For: Primary Other (specify) ▼ Rederal political committee. Replayer Meridian Health Receipt For: Other (specify) ▼	Occupation Presiden	n t and Chief Executive Officer e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein Mailing Address 27 Harvest Lane	Ctata	7:n Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Livingston FEC ID number of contributing federal political committee.	State NJ	Zip Code 07039-2750	Transaction ID: 13547958 Amount of Each Receipt this Period 10.00
	Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	1	n sident Continuing Care Servi e Year-to-Date ▼ 275.00	ce
	Full Name (Last, First, Middle Initial) Mr. Robert Brehm Mailing Address 1199 Pleasant Valley W	ay		Date of Receipt
	City West Orange FEC ID number of contributing federal political committee.	State NJ	Zip Code 07052-1424	1 2 2 9 2 0 0 6 Transaction ID: 13547959 Amount of Each Receipt this Period 27.50
	Name of Employer Kessler Institute for Reh- abilitation Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
s	UBTOTAL of Receipts This Page (optional)			537.50
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 226
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Belinda Brown Cooper Mailing Address (104, 2) (2011)			Date of Receipt
Mailing Address 121 Clear Creek Road			12 29 2006
City	State	Zip Code	Transaction ID: 13547960
Langhorne	PA	19047-2306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident, Human Resources	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		385.00	
Full Name (Last, First, Middle Initial) 3. Dr. Bruce M Gans, M.D.			Date of Receipt
Mailing Address 6 Amherst Road			12 29 7 2006
City	State	Zip Code	Transaction ID: 13547961
Chatham	NJ	07928-1802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.50
Name of Employer Kessler Instituté for Reh-	Occupation		
abilitation Receipt For:		e Vice President and Chief M e Year-to-Date ▼	eo —
Primary General	7.99.094.0		1
Other (specify) ▼	0 0	352.50	
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt
Mailing Address 6180 Lower Mountain	Road		M M / D D / Y Y Y Y
Cit.	Chata	7in Oada	12 29 2006
City New Hope	State PA	Zip Code 18938-5760	Transaction ID: 13547964 Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1	
federal political committee.	C		20.42
Name of Employer New Jersey Hospital Assoc-	Occupation Sr. VP.	n Health Economics	
iation Receipt For:	, ,	e Year-to-Date ▼	
Primary General		410.43	
☐ Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional)	·····	·····	167.92
TOTAL This Period (last page this line number	only)	→	

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 88 / 226			
		Use separate schedule(s)		(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12			
			Detailed Guillinary Fage	13 14	15 16 17			
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of solici	ting contributions			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.			
\	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
٩.	Full Name (Last, First, Middle Initial) Mr. John E. Graydon			Date of Receipt	,			
	Mailing Address 93 Matlack Drive			M M / D D D 1 2 2 9	2006			
	City	State	Zip Code					
	Voorhees	NJ	08043-4723	Transaction ID: 13				
		INU	00043-4723	Amount of Each Re	ceipi inis Period			
	FEC ID number of contributing federal political committee.	C			500.00			
	Name of Employer Virtua Health	Occupation Vice Pres						
	Receipt For:	_	Year-to-Date ▼	\dashv				
	Primary General	199.09		1				
	Other (specify) ▼		500.00					
3.	Full Name (Last, First, Middle Initial) Ms. Adrienne Kirby			Date of Receipt				
	Mailing Address 1271 Charleston Road	M M / D D	/ Y Y Y Y					
	City	12 29	2006					
	Charriellill	State	Zip Code	Transaction ID: 13				
	Cherry Hill	NJ	08034-3133	Amount of Each Re	ceipt this Period			
	FEC ID number of contributing federal political committee.	С			250.00			
	Name of Employer	Occupation	า					
	Virtua Health		sident and Chief Operating C	Off				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		250.00					
	Other (specify)	0 0						
).).	Full Name (Last, First, Middle Initial) Mr. Gary Long			Date of Receipt				
	Mailing Address 2 Meadowview Drive			M M / D D D 1 2 2 9	2006			
	City	State	Zip Code	Transaction ID: 13				
	Shamong Shamong	NJ	08088-8596	Amount of Each Re				
	•		00000 0000	Amount of Lacritte	0 0 0			
	FEC ID number of contributing federal political committee.	C			500.00			
	Name of Employer Virtua Health	Occupation Vice Pres	n sident/COO					
	Receipt For:		Year-to-Date ▼	_				
	Primary General	Aggregate	real to Bate ¥	1				
	Other (specify)		500.00					
				1				
	SUBTOTAL of Pagainta This Paga (actional)							
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		1230.00			
T	OTAL This Period (last page this line number o	nly))					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 226			
TEMIZED RECEIPTS		or each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and S	Statements may	not be sold or used by any person	for the purpose of soliciting contributions			
or for commercial purposes, other than using the	e name and add	ress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial) A. Ms. Linda Wilson			Date of Receipt			
Mailing Address 331 Jackson Road			12 29 2006			
City	State	Zip Code	Transaction ID: 13547971			
Atco	NJ	08004-1646	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Virtua Health	Occupation Vice Pres	ident Human Resources	1			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	500.00				
Full Name (Last, First, Middle Initial) Mr. John F Prochilo	•		Date of Receipt			
Mailing Address 70 Butler Street			12 29 7 2006			
City	State	Zip Code	Transaction ID: 13547975			
Salem	NH	03079-3925	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer Northeast Rehabilitation	Occupation Chief Exe	cutive Officer and Administr				
Hospital Receipt For:		Year-to-Date ▼	<u> </u>			
Primary General		250.00				
Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale, RN, MSN			Date of Receipt			
Mailing Address 101 Cambridge Street 220			12			
City	State	Zip Code	Transaction ID: 13549630			
Burlington	MA	01803-3766	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer Massachusetts Organization	Occupation		7			
of Nurse Ex Receipt For:	Executive	Director Year-to-Date ▼	-			
Primary General	Aggregate					
Other (specify) ▼	0 0	425.00				
SUBTOTAL of Receipts This Page (optional)						
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TOTAL This Period (last page this line number	only)	>				

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 90 / 226
	·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Lage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr Thomas P Glynn, , Ph.D.			Date of Receipt
	Mailing Address 800 Boylston Street, St	e 1150		12 29 2006
	City	State	Zip Code	Transaction ID: 13549632
	Boston	MA	02199-8001	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Partners HealthCare Syste-	Occupation Chief Ope	n erating Officer	7
	m, Inc. Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Delia O'Connor			Date of Receipt
	Mailing Address 25 Highland Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13549636
	Newburyport	MA	01950-3867	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer	Occupation	1	
	Anna Jaques Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		700.00	1
	Other (specify)	0 0	700.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Sheila Daly			Date of Receipt
٠.	Mailing Address 201 Highland Street			M M / D D / Y Y Y Y
	2011 Ingiliana Ottoot			12 29 2006
	City	State	Zip Code	Transaction ID: 13549637
	Clinton	MA	01510-1096	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Clinton Hospital	Occupation		
	Receipt For:		t and Chief Executive Officer Year-to-Date Very state of the state	_
	Primary General	Aggregate	; i eai-lu-Dale ▼	,
	Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	1
ء	UBTOTAL of Receipts This Page (optional)			950.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 226
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		(check only one)
				X 11a 11b 11c 12
Δ				13
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	y not be sold or used by any persor dress of any political committee to s	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Ronald B Goodspeed, , M.D., M.			Date of Receipt
	Mailing Address 363 Highland Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13549640
	Fall River	MA	02720-3700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southcoast Hospitals Group	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Christopher Perry			Date of Receipt
	Mailing Address 5131 SW 168 Avenue			M M / D D / Y Y Y Y
		12 20 2006		
	City	State	Zip Code	Transaction ID: 13550033
	S.W. Ranches	FL	3331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Memorial Healthcare System	Occupation		
	Receipt For:	Director,		
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
— С.	Full Name (Last, First, Middle Initial) Ms. Mary Alice Phelan			Date of Receipt
	Mailing Address 2970 St. Johns Avenue #5D			1 2 2 0 2 0 6
	City	State	Zip Code	Transaction ID: 13550034
	<u>Jacksonville</u>	FL	32205-8729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer St. Vincent's Medical Cen-	Occupation		
	ter Receipt For:		Community Relations e Year-to-Date ▼	-
	Primary General	Aggregate	5 10al-10-Dal€ ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)		·····	500.00

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S	CHEDULE A (FEC Form 3X)	Harris and seed to detect to the		FOR LINE NUMBER: PAGE 92 / 226
•		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. J E Piriz			Date of Receipt
	Mailing Address 3501 Johnson Street			12 20 2006
	City	State	Zip Code	Transaction ID: 13550036
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Regional Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Diane S. Raines			Date of Receipt
	Mailing Address 4090 San Jose Bouleva	rd		M M / D D / Y Y Y Y
		12 20 2006		
	City	State	Zip Code	Transaction ID: 13550039
	Jacksonville	FL	32207-6063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Baptist Health	Occupation Senior Vi	ce President	
	Receipt For:		Year-to-Date ▼	
	Primary General	/ iggi ogalo	Total to Bate V	1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. C. B. Rebsamen, MD			Date of Receipt
	Mailing Address 18201 Chesapeake Ct.			M M / D D / Y Y Y Y Y 1 1 2 2 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 13550042
	Fort Myers	FL	33908-4676	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Employer Lee Memorial Hospital	Occupation Chief Med	n dical Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
				<u> </u>
				500.00
Ls	UBTOTAL of Receipts This Page (optional)			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 93 / 226				
	ITEMIZED RECEIPTS		or each category of the	(check only one)				
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of so	oliciting contributions			
<u>~</u>	NAME OF COMMITTEE (In Full)	Jonat Contributions no	on such committee.					
\rangle	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph P. Reilly			Date of Receipt				
Λ.	Mailing Address 1740 NE First Street			M M / D	2006			
	City	State	Zip Code	Transaction ID:				
	Fort Lauderdale	FL	33301-3760		Receipt this Period			
FEC ID number of contributing federal political committee.				125.00				
	Name of Employer Memorial Regional Hospital	Occupation Administ	n rator, External Affairs					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
В.	Full Name (Last, First, Middle Initial) Mr. Kenneth P. Resmini			Date of Receipt				
	Mailing Address 2445 N. 37th Aveneu				2006			
	City	State	Zip Code	Transaction ID:	13550045			
	Hollywood	FL	33021	Amount of Each	Receipt this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer Memorial Regional Hospital	Occupation Director	n of Compliance & Audit					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		500.00					
<u>С.</u>	Full Name (Last, First, Middle Initial) Mr. William J. Robinson			Date of Receipt				
•	Mailing Address 9231 S.W. 42nd Lane			M ' M / D '	2006			
	City	State	Zip Code	Transaction ID:	13550046			
	Gainesville	FL	32608-4171	Amount of Each	Receipt this Period			
	FEC ID number of contributing federal political committee.	C			125.00			
	Name of Employer Shands HealthCare	Occupation Sr. VP &	n Treasurer/Finance					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]				
s	UBTOTAL of Receipts This Page (optional)		500.00					
Т	TOTAL This Period (last page this line number only)							

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and State for commercial purposes, other than using the result of the such Reports and State for commercial purposes.	atements may name and add	Use separate schedule(s) or each category of the Detailed Summary Page or not be sold or used by any person dress of any political committee to	FOR LINE NUMBER: PAGE 94 / 226 (check only one) X
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr Paul M Rosenberg Milling Address 4 600 CW Avalor Paul			Date of Receipt
	Mailing Address 1600 SW Archer Road			12 20 20 20 6
	City Gainesville	State FL	Zip Code 32610-0326	Transaction ID: 13550047 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Shands HealthCare	Occupation Senior Vi	n ce President and General C	oun
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
R	Full Name (Last, First, Middle Initial) Mr. Zeff Ross			Date of Receipt
ъ.	Mailing Address 703 North Flamingo Ro	1 2 20 2006		
	City	State	Zip Code	Transaction ID: 13550048
	Pembroke Pines	<u>FL</u>	33028-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Hospital West	Occupation Administration	rator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Frank V Sacco, , FACHE			Date of Receipt
	Mailing Address 3501 Johnson Street			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550049
	Hollywood	FL	33021-5487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Healthcare System	Occupation	n ecutive Officer	
	Receipt For:	1	Year-to-Date V	+
	Primary General Other (specify) ▼	55 153.00	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 226
TEMIZED RECEIPTS			or each category of the	(check only one)
<u>-</u>			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copie	ed from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COM	· · · · · · · · · · · · · · · · · · ·	arrie ariu auc	iless of any political committee to	Solicit Contributions from Such Committee.
\	pital Association PAC			
Full Name (Last, Ms Judy Sada	First, Middle Initial)			Date of Receipt
Mailing Address	1901 SW 172nd Avenue)		12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 13550050
<u>Miramar</u>		FL	33029-5592	Amount of Each Receipt this Period
FEC ID number of federal political co		C		125.00
Name of Employe Memorial Hospita	er al Miramar	Occupation Chief Fin	n ancial Officer	
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (spec	☐ General cify) ▼		250.00	
Full Name (Last, Mr. Steven R. Sam	First, Middle Initial) npier			Date of Receipt
Mailing Address 2830 S.W. 19th Terrace Unit C				12 / 20 / Y Y Y Y Y Y
City	1_	State	Zip Code	Transaction ID: 13550051
Fort Lauderdal		FL	33315-2720	Amount of Each Receipt this Period
FEC ID number of federal political co		С		125.00
Name of Employe Memorial Regions	er al Hospital	Occupation Director of	n of Community Services	
Receipt For:		Aggregate	Year-to-Date ▼	
Other (spec	☐ General		250.00	
Full Name (Last, Dr. Charles A Scha	First, Middle Initial) auer, , Ph.D.			Date of Receipt
Mailing Address	3599 University Blvd So	uth		12 20 2006
City		State	Zip Code	Transaction ID: 13550052
<u>Jacksonville</u>		FL	32216-4211	Amount of Each Receipt this Period
FEC ID number of federal political co		C		125.00
Name of Employe Brooks Rehabilita pital	er ation Hos-	Occupation President		
Receipt For:		Aggregate	Year-to-Date V	
Primary Other (spec	☐ General Dify) ▼		250.00	
SUBTOTAL of Rec	375.00			
TOTAL 711 D 1				
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S	CHEDULE A (FEC Form 3X)	F		FOR LINE NUMBER: PAGE 96 / 226
·		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	n for the purpose of soliciting contributions
Or		name and add	aress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David L. Schlemmer			Date of Receipt
	Mailing Address 8621 NW 53rd Court			12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550053
	Coral Springs	FL	33067-2846	Amount of Each Receipt this Period
		16	33007-2040	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation Administr	n rative Director of Construction	
	Receipt For:		Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			D. (D.)
В.				Date of Receipt
	Mailing Address 3501 Johnson Street			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550055
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		175.00
	Name of Employer Memorial Regional Hospital	Occupation		7
	- Indian regional mospital		ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Mr Joseph Stuczynski			Date of Receipt
	Mailing Address 7800 Sheridan Street			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13550058
	Pembroke Pines	FL	33024-2536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer	Occupation	1	7
	Memorial Hospital Pembroke		Administrator Finance and	Sψ
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify) ▼		250.00	
_				
_				550.00
L	UBTOTAL of Receipts This Page (optional)		······	
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97/226
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms Deborah Tedder			Date of Receipt
	Mailing Address 3501 Johnson Street			12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550059
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Regional Hospital	Occupation Chief Op	n erating Officer and Chief Nu	rs
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.				Date of Receipt
	Mailing Address 3115 N. 36th Avenue			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550062
	Hollywood	FL	33021-3062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Regional Hospital	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Ms. Tammy Tucker			Date of Receipt
	Mailing Address 9631 Ridgeside Court			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550063
	Davie	FL	33328-6907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Memorial Regional Hospital	Occupation Associate	n e Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			625.00
T.	OTAL This Period (last nage this line number of	anly)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 98 / 226
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, 0	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Felicia Turnley			Date of Receipt
Mailing Address 5212 NW 67th Avenue			12 20 6
City	State	Zip Code	Transaction ID: 13550064
Lauderhill	<u>FL</u>	33319-7226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Memorial Hospital West	Occupation Administ	n rative Director, Cancer Servi	c
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr Miguel Venereo, , M.D.			Date of Receipt
Mailing Address 703 North Flamingo Ro	ad		12 20 20 20 6
City	State	Zip Code	Transaction ID: 13550066
Pembroke Pines	FL	33028-1006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Memorial Hospital West	Occupation Director	n Medical Staff	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. Ms. Maggie Wiegandt			Date of Receipt
Mailing Address 19260 SW 30th Street			12 20 7 2006
City	State	Zip Code	Transaction ID: 13550069
Miramar	FL	33029-5817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Memorial Healthcare System	Occupation Asst. Adı	n ministrator	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		050.00	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			375.00
TOTAL This Period (last page this line number o	nlv)		

2	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 99 / 226	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page		17
Δn	y information copied from such Reports and Sta	tomonte may	, not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
_	NAME OF COMMITTEE (In Full)				
/	• • •				
/	American Hospital Association PAC				
_	Full Name (Last First Middle Initial)				
Δ	Full Name (Last, First, Middle Initial) Dr. Greg Zorman, M.D.			Date of Receipt	
٦.				┥	
	Mailing Address 5730 Arapahoe Road			12 20 2006	
	City	State	Zip Code		
	•		·	Transaction ID: 13550073	
	Fort Lauderdale	FL	33312-6354	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.			555.55	
	Name of Familiary	0		_	
	Name of Employer Memorial Healthcare System	Occupation			
	·		Neurosurgery	_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	1000.00		
	Other (specify) ▼		1000.00		
	Full Name (Last, First, Middle Initial)				
3.	Mr. Douglas Baer			Date of Receipt	
	Mailing Address 77 Tallwood Road			M M / D D / Y Y Y Y	
				12 20 2006	
	City	State	Zip Code	Transaction ID: 13550077	
	<u>Jacksonville</u>	<u>FL</u>	32250-2924	Amount of Each Receipt this Period	
	FEC ID number of contributing			105.00	П
	federal political committee.	C		125.00	
					Τ.
	Name of Employer Brooks Rehabilitation Hos-	Occupation			
	pital	President	t and Chief Operating Office	<u>r</u>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1	050.00	1	
	Other (specify) ▼	1	250.00		
		-			
	Full Name (Last, First, Middle Initial)				
Э.	Mr. Gary S Barber			Date of Receipt	
	Mailing Address 3501 Johnson Street			M M / D D / Y Y Y Y	
				12 20 2006	
	City	State	Zip Code	Transaction ID: 13550079	
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period	
	FEC ID number of contributing				П
	federal political committee.	C		250.00	
					Τ.
	Name of Employer Memorial Healthcare System	Occupation	n		
		General (
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	1	500.00		
					$\overline{}$
S.	JBTOTAL of Receipts This Page (optional)			875.00	
	DETOTAL OF HOOCIPIS THIS Fage (optional)		······		Ŧ.
.	OTAL This Period (lest page this line asset to a	als A		. L	
10	OTAL This Period (last page this line number or	п у)			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 226	
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12
Λ	we information conicd from such Departs and Ct	otomonto mo	, not be cold or used by any news	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Clifford J. Bauer			Date of Receipt
	Mailing Address 401 North West 131st A	Avenue		12 20 20 6
	City	State	Zip Code	Transaction ID: 13550081
	Plantation	FL	33325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Ridge Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Ms. Veronica Bautista			Date of Receipt
	Mailing Address 11022 Chandler Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550082
	Hollywood	FL	33026-4742	Amount of Each Receipt this Period
	FEC ID number of contributing		000202	
	federal political committee.	C		125.00
	Name of Employer	Occupation	 1	\dashv
	Memorial Healthcare System		of Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	230.00	1
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Philip K Beauchamp, , FACHE			Date of Receipt
	Mailing Address P O Box 210			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13550083
	Clearwater	FL	33757-0210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Morton Plant Mease Health	Occupation	n t and Chief Executive Office	
	Care Receipt For:		Year-to-Date V	\dashv
	Primary General	7.99.094.0		1
	Other (specify)		500.00	
				625.00
S	UBTOTAL of Receipts This Page (optional)		·····	025.00
_	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NU	
ITEMIZED I			or each category of the Detailed Summary Page		11b
Any information of	onied from such Reports and Sta	itements may	not be sold or used by any perso		of soliciting contributions
or for commercial	purposes, other than using the n	ame and add	lress of any political committee to	solicit contribution	ns from such committee.
\	OMMITTEE (In Full) lospital Association PAC				
Mr. Paul Belch				Date of Rec	•
Mailing Addres	ss Rt. 15, Box 241			12	20 2006
City Tallahassee)	State FL	Zip Code 32311		n ID: 13550084 Each Receipt this Period
FEC ID numb	er of contributing al committee.	С			500.00
Name of Empl Florida Hospit ion	loyer al Associat-	Occupation Senior Vi	ce President		
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 1000.00		
Mr John A Ben				Date of Rec	eeipt
Mailing Addres	ss 3501 Johnson Street			12	20 / 2006
City		State	Zip Code		10: 13550085
Hollywood		FL	33021-5421	Amount of E	Each Receipt this Period
federal politica		C			250.00
Name of Empl Memorial Reg	loyer ional Hospital	Occupation Strategic	n Business and Development	Off	
Receipt For:		Aggregate	Year-to-Date ▼		
Primary Other (s	☐ General pecify) ▼		500.00		
Full Name (La	st, First, Middle Initial)			Date of Rec	eipt
Mailing Addres				M M / 12	20 2006
City		State	Zip Code	Transaction	n ID: 13550088
<u>Hollywood</u>		<u>FL</u>	33021-5421	Amount of E	Each Receipt this Period
federal politica		C			250.00
Name of Empl Memorial Reg	loyer ional Hospital	Occupation Administr	n rator Process Engineering		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 500.00		
SUBTOTAL of F	Receipts This Page (optional)		······		1000.00
TOTAL This Pe	riod (last page this line number o	nly)			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 226
ITEMIZED RECEIPTS		or each category of the	(check only one)
••		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	by information copied from such Reports and Statements	s may not be sold or used by any pers	
or	for commercial purposes, other than using the name an	d address of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$ \rangle$	American Hospital Association PAC		
\angle			
Α.	Full Name (Last, First, Middle Initial) Ms Sue E Bradford, , R.N.		Date of Receipt
Α.	Mailing Address 703 North Flamingo Road		Date of Receipt
	705 North Flamingo Hoad		12 20 2006
	City Stat	e Zip Code	Transaction ID: 13550091
	Pembroke Pines FL	33028-1014	Amount of Each Receipt this Period
	FEC ID number of contributing		105.00
	federal political committee.		125.00
	Name of Employer Memorial Hospital West Chick	pation	
	Memorial Hospital West Chief	f Operating Officer	
	Receipt For: Aggre	egate Year-to-Date ▼	
	Primary General	250.00	7
	Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial)		
В.	Ms. Sue G Brody		Date of Receipt
	Mailing Address 701 Sixth Street South		M M / D D / Y Y Y Y
	011	7: 0 !	12 20 2006
	City Stat	'	Transaction ID: 13550092
	Saint Petersburg FL	33701-4891	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Tederal political committee.		
	Name of Employer Bayfront Medical Center Occup	•	
	Presi	dent and Chief Executive Office	er
		egate Year-to-Date ▼	
	Primary General Other (specify)	1000.00	
	Other (specify)		
_	Full Name (Last, First, Middle Initial)		
Ċ.	Mr Walter Bussell		Date of Receipt
	Mailing Address 703 North Flamingo Road		12 20 2006
	City Stat	e Zip Code	Transaction ID: 13550096
	Pembroke Pines FL	33028-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		125.00
	federal political committee.		
	Name of Employer Memorial Hospital West Occu	pation	
	Chief	f Financial Officer	
		egate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify)	200.00	
	I		
s	UBTOTAL of Receipts This Page (optional)	750.00	
\vdash			
т	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 226	
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and S	tatemente may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Leah A. Carpenter, BS,RN,MPA			Date of Receipt
	Mailing Address 2571 SW 190th Avenu	е		12 20 2006
	City	State	Zip Code	Transaction ID: 13550098
	Miramar	FL	33029-2463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Memorial Healthcare System	Occupation Nurse Ex		
	Receipt For:		Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Ms. Clarice M. Conti			Date of Receipt
	Mailing Address 317 SE 4th Terrace			12 20 2006
	City	State	Zip Code	Transaction ID: 13550105
	<u>Dania</u>	<u>FL</u>	33004-4714	Amount of Each Receipt this Period
	Dania FEC ID number of contributing federal political committee.	C	33004-4714	Amount of Each Receipt this Period
	FEC ID number of contributing		1	
	FEC ID number of contributing federal political committee.	Occupation Administr	1	
	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital	Occupation Administr	rator	
	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General	Occupation Administr	rator Year-to-Date ▼	
	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Administr	rator Year-to-Date ▼	125.00
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein	Occupation Administr	rator Year-to-Date ▼	Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr.	Occupation Administr Aggregate	rator Year-to-Date 250.00	Date of Receipt 125.00
 C.	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr. City	Occupation Administr Aggregate	rator Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M
C.	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr. City Weston FEC ID number of contributing	Occupation Administr Aggregate State FL C	rator Year-to-Date ▼ 250.00 Zip Code 33326-2355	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr. City Weston FEC ID number of contributing federal political committee. Name of Employer	Occupation Administr Aggregate State FL C Occupation Nursing H	rator Year-to-Date ▼ 250.00 Zip Code 33326-2355	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr. City Weston FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital	Occupation Administr Aggregate State FL C Occupation Nursing H	Zip Code 33326-2355	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr. City Weston FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) General	C Occupation Administration Aggregate FL C Occupation Nursing H Aggregate	Zip Code 33326-2355 Allome Administrator Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr. City Weston FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General	C Occupation Administration Aggregate FL C Occupation Nursing H Aggregate	Zip Code 33326-2355 Allome Administrator Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X) Use separate schedule(s)		FOR LINE NUMBER:	PAGE 104 / 226		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
THE WILL BY THE OLD TO			Detailed Summary Page	X 11a 11b	11c 12
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or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicitions from s	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 interiodit i loopital 7 loodelation i 7 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Dana Ferrell			Date of Receipt	
	Mailing Address 807 Nira Street			12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Jacksonville	FL	Zip Oddo	Amount of Each Re	
				Amount of Lacif Re	celpt this renou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Nemours Children's Clinic	Occupation			
			of Government Relations		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)	' '	500.00		
	Cure (epochy) •		1 1 1 1 1 1 1		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 2500 Princeton Court			M M / D D	/
	01.	01-1-	7'- 0-4-	12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Weston	FL	33327-1501	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Tederal political committee.				
	Name of Employer Lee Memorial Hospital	Occupation	n		
	·	CEO			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		1 1 1 1 1 1 1		
	Full Name (Last, First, Middle Initial)				
C.	Ms. Cynthia Friedewald			Date of Receipt	
	Mailing Address 10220 SW 12th Street			M M / D D	/ Y Y Y Y
	0''		7' 0 1	12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Pembroke Pines	FL	33025-4701	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	rederal political committee.				
	Name of Employer Memorial Regional Hospital	Occupation			
			rse Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General			250.00		
Other (specify) ▼				J	
٩	UBTOTAL of Receipts This Page (optional)				500.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
II EIVIIZED NECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Robert Galloway			Date of Receipt
	Mailing Address 1350 South Hickory Stre	eet		12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550124
	Melbourne	FL	32901-3278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Holmes Regional Medical Center Receipt For:	1	n ice President Finance and C e Year-to-Date ▼	nie
	Primary General Other (specify) ▼	riggrogate	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Martha Garcia			Date of Receipt
	Mailing Address 7800 Sheridan Street			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550125
	Pembroke Pines	FL	33024-2536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital Pembroke	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Lawrence F. Garrison			Date of Receipt
	Mailing Address 6450 US Highway 1			12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550127
	Rockledge	FL	32955-5747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cape Canaveral Hospital/H- ealth First			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional))	875.00
1				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 106 / 226
· · · · · · · · · · · · · · · · · · ·			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Timothy J Goldfarb			Date of Receipt
	Mailing Address P O Box 100326			12 20 2006
	City	State	Zip Code	Transaction ID: 13550130
	Gainesville	FL	32610-0326	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Shands at the University of Florida	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Mary M. Guaracino			Date of Receipt
	Mailing Address 140 Commodore Drive			M M / D D / Y Y Y Y
	Apt. 710		7. 0 .	12 20 2006
	City	State	Zip Code	Transaction ID: 13550131
	Plantation	FL	33325-2691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer	Occupation	`	_
	Name of Employer Memorial Regional Hospital	Nursing [
	Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09410	Tour to Buto V	1
	Other (specify) ▼		250.00	
	Full Name (Last First Middle Initial)			4
C.	Full Name (Last, First, Middle Initial) Mr Kevin R Hammeran			Date of Receipt
	Mailing Address 3100 SW 62nd Avenue			12 20 2006
	City	State	Zip Code	Transaction ID: 13550133
	Miami	FL	33155-3009	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Employer Miami Children's Hospital	Occupation		[
			Vice President and Chief C	γ ρ¢
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	250.00	
	□ Other (Speelity) ♥		0 0 0 0 0 0 0	1
_	IIPTOTAL of Dossints This Bass (antional)		_	500.00
\vdash	UBTOTAL of Receipts This Page (optional)		······································	
1				

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 / 226		
•		See separate consecuto(e)		(check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Elaine Hawkins			Date of Receipt		
	Mailing Address 9736 Commerce Cente	r Ct.		12 20 2006		
	City	State	Zip Code	Transaction ID: 13550135		
	Fort Myers	FL	33908-3624	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Specialty Risk Management Services	Occupation President		7		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	7		
	Other (specify) ▼		200.00	1		
— В.	Full Name (Last, First, Middle Initial) Mr. C. Kennon Hetlage			Date of Receipt		
	Mailing Address 1901 SW 172nd Avenu	M M / D D / Y Y Y Y				
	City	State	Zip Code	12 20 2006		
	Miramar	FL	33029-5592	Transaction ID: 13550139		
			33029-3392	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Memorial Hospital Miramar	Occupation Administr				
	Receipt For:		Year-to-Date V	-		
	Primary General	199.79		7		
	Other (specify) ▼	0 0	750.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Stuart Hopen			Date of Receipt		
	Mailing Address 3831 N. 43rd Avenue			12 20 2006		
	City	State	Zip Code	Transaction ID: 13550140		
	Hollywood	FL	33021-1831	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Memorial Healthcare System	Occupation Assistant	n General Counsel	7		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General	1	250.00	7		
	Other (specify)		250.00	1		
6	UBTOTAL of Receipts This Page (optional)			625.00		
\vdash	ODITION OF THE CEIPIS THIS FAGE (OPHORIAL)					

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 108 / 226
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δr	y information copied from such Reports and Sta	temente may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Ronald A Hytoff			Date of Receipt
	Mailing Address P O Box 1289			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550143
	Tampa	FL	33601-1289	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Tampa General Hospital	Occupation President	and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		272 F0	
	Other (specify) ▼		272.50	
В.	Full Name (Last, First, Middle Initial) Mr. Richard M Irwin			Date of Receipt
	Mailing Address 10000 West Colonial Drive			M M / D D / Y Y Y Y
		12 20 2006		
	City	State	Zip Code	Transaction ID: 13550145
	Ocoee	FL	34761-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Name of Employer Health Central		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
_				•
C.	Full Name (Last, First, Middle Initial) Ms. Patricia Jackson			Date of Receipt
	Mailing Address 1920 South Ocean Drive Apt. 1709	Э		12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550146
	Fort Lauderdale	FL	33316-3764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Memorial Healthcare System	Occupation Risk Man		
	Receipt For:		Year-to-Date ▼	-
	Primary General	Aggregale	Toal-to-Date ▼	
	Other (specify)		250.00	
	Strict (Specify)	0 0		
_				500.00
S	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 109 / 226	
TEMIZED RECEIPTS		or each category of the	(check only one)	
TEMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and St	atements may	not be sold or used by any perso		
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Mr. Joe Johnson			Date of Receipt	
Mailing Address 1055 Saxon Boulevard			12 20 20 20 6	
City	State	Zip Code	Transaction ID: 13550149	
Orange City	FL	32763-8468	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Florida Hospital Fish Mem- orial	Occupation Presiden	n t and Chief Executive Office		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		500.00	1	
Other (specify)	0 0	300.00		
Full Name (Last, First, Middle Initial) Ms. Catherine B. Johnson			Date of Receipt	
Mailing Address 8390 North West 24th	Mailing Address 8390 North West 24th Court			
City	State	Zip Code	Transaction ID: 13550151	
Pembroke Pines	<u>FL</u>	33024	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		125.00	
Name of Employer Memorial Hospital of Jack-	Occupation	n		
sonville	Director			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) 7. Mr. Regginald L. Jordan			Date of Receipt	
Mailing Address 5510 S.W. 21st Street			12 20 20 6	
City	State	Zip Code	Transaction ID: 13550155	
Hollywood	FL	33023-3116	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		125.00	
Name of Employer Memorial Hospital Pembroke	Occupation Associate	n e Administrator		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		250.00	1	
Other (specify)	0 0	230.00		
SUBTOTAL of Receipts This Page (optional)			500.00	
TOTAL This Period (last page this line number of	only))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Ray Kendrick			Date of Receipt
	Mailing Address 4232 Mahogany Ridge I	Orive		12 20 7 2006
	City	State	Zip Code	Transaction ID: 13550156
	Weston	FL	33331-3826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital West	Occupation CEO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Anthony C. Krayer, III			Date of Receipt
	Mailing Address 340 W. Tropicla Way			12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550158
	Plantation	<u>FL</u>	33317-3329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Memorial Regional Hospital	Occupation Chief Con	n rporate Affairs Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Mr. Ford Kyes			Date of Receipt
	Mailing Address P O Box 12588			12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550159
	Saint Petersburg	FL	33733-2588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Anthony's Hospital	Occupation President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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T	OTAL This Period (last page this line number o	nıy))	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 111 / 226
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, coge	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Lorraine L. Lutton			Date of Receipt
	Mailing Address 6508 North River Boule	vard		12 20 2006
	City	State	Zip Code	Transaction ID: 13550164
	Tampa	FL	33604-6028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer St. Joseph's Hospital	Occupation Chief Ope	n erating Officer	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Isaac Mallah			Date of Receipt
	Mailing Address P O Box 4227			12 20 2006
	City	State	Zip Code	Transaction ID: 13550167
	Tampa	FL	33677-4227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph's Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
C.	Ms. Dorothy J Mancini, , R.N.			Date of Receipt
	Mailing Address 6401 North Federal Hig	hway		12 20 20 2006
	City	State	Zip Code	Transaction ID: 13550168
	Laud By Sea	FL	33308-1405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Imperial Point Medical Ce- nter	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3-10		1
	Other (specify) ▼	1	250.00	
s	UBTOTAL of Receipts This Page (optional)			500.00
\vdash				

S	CHEDULE A (FEC Form 3X)	Lies services askedula(s)		FOR LINE NUMBER: PAGE 112 / 226
· ·		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
<u>~</u>	NAME OF COMMITTEE (In Full)	namo ana aac	are or any political committee to	construction from each committee.
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
_	Full Name (Last, First, Middle Initial)			
A.	Dr Stanley Marks, , M.D.			Date of Receipt
	Mailing Address 3501 Johnson Street			12 20 206
	City	State	Zip Code	Transaction ID: 13550170
	Pembroke Pines	FL	33021-5421	Amount of Each Receipt this Period
			00021 0721	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		250.00
	·			_
	Name of Employer Memorial Healthcare System	Occupation		
	·		dical Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial)			
В.	Mr. Stephen Mason			Date of Receipt
	Mailing Address 3909 Snapper Pointe D	rive		12 20 2006
	City	State	Zip Code	Transaction ID: 13550172
	Tampa	FL	33611-1030	Amount of Each Receipt this Period
	FEC ID number of contributing		00011 1000	
	federal political committee.	C		500.00
	N (5.1	10		
	Name of Employer N.W. Fla. Comm. Hospital	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General	riggregate	Tour to Bute V	1
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Ms. Mary McGillicuddy Mailing Address 2820 SE 19th Place			M M / D D / Y Y Y Y
	Walling Address 2020 SE 19[1] Place			12 20 2006
	City	State	Zip Code	Transaction ID: 13550183
	Cape Coral	FL	33904-4015	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Employer	Occupation	 1	
	Name of Employer Lee Memorial Hospital	Legal Co		
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_				
				875.00
S	UBTOTAL of Receipts This Page (optional))	073.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
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Any info	rmation conied from such Reports and St	atemente may	not be sold or used by any pers	on for the purpose of soliciting contributions
or for co	mmercial purposes, other than using the	name and ado	lress of any political committee to	o solicit contributions from such committee.
NAM	IE OF COMMITTEE (In Full)			
Am	erican Hospital Association PAC			
A. Ms. I	Name (Last, First, Middle Initial) Marilyn R. Miceli			Date of Receipt
Maili	ng Address 21538 sweetwater Lane	9		12 20 2006
City		State	Zip Code	Transaction ID: 13550185
Boo	a Raton	FL	33428-1015	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		125.00
Nam Men	e of Employer oorial Regional Hospital	Occupation Administr	rative Director	
Rece	eipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	7
	Other (specify) ▼	0 0	230.00	
	Name (Last, First, Middle Initial) George Mikitarian			Date of Receipt
Maili	ng Address 951 North Washington	Avenue		12 20 2006
City		State	Zip Code	Transaction ID: 13550186
<u>Titu</u>	sville	FL	32796-2163	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		125.00
Nam Parr	e of Employer sh Medical Center	Occupation Chief Exe	n ecutive Officer	
Rece	eipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Name (Last, First, Middle Initial) latthew J Muhart			Date of Receipt
	ng Address 3501 Johnson Street			M M / D D / Y Y Y Y
City		State	Zip Code	1 2 2 0 2 0 0 6 Transaction ID: 13550194
•	ywood	FL	33021-5421	Amount of Each Receipt this Period
FEC	ID number of contributing			
	ral political committee.	C		250.00
Nam Men	e of Employer orial Healthcare System	Occupation Chief Fina	n ancial Officer	
Rece			Year-to-Date ▼	
Primary General			500.00	7
	Other (specify) ▼		300.00	_
SUBT	TAL of Receipts This Page (optional)			500.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 114 / 226
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony E. Watkins, MD.			Date of Receipt
	Mailing Address 1785 Redwood Terrace			12 29 2006
	City	State	Zip Code	Transaction ID: 13550859
	Washington	DC	20012-1054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Washington Hospital Center	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Rand J Wortman			Date of Receipt
	Mailing Address 888 Swift Boulevard			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13550969
	Richland	WA	99352-3542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kadlec Medical Center	Occupation	n t and Chief Executive Office	_
	Receipt For:	1	Year-to-Date ▼	
	Primary General	7 (99) 094(0	Tour to Buto V	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			1
C.	Ms. Medrice Coluccio			Date of Receipt
	Mailing Address P O Box 3002			12 29 2006
	City	State	Zip Code	Transaction ID: 13550970
	Longview	WA	98632-0302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	000	•	
	Name of Employer St. John Medical Center		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	1
	Other (specify)	0 0	373.00	
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)			730.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 115 / 226 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Joseph M Kortum Mailing Address P O Box 1600			Date of Receipt 1 2 2 9 2 0 0 6
	City	State	Zip Code	1 2 2 9 2 0 0 6 Transaction ID: 13550971
	Vancouver	WA	98668-1600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southwest Washington Medical Center Receipt For: Primary General		t and Chief Executive Officer Year-to-Date 250.00	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0		
3.	Ms. Janet True Mailing Address 300 Elliott Avenue West Suite 300			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13550972
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington State Hospital Association	Occupation CEO	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
) .	Full Name (Last, First, Middle Initial) Ms Terry Murphy			Date of Receipt
	Mailing Address 640 South State Street			12 29 7 2006
	City	State	Zip Code	Transaction ID: 13557391
	Dover	DE	19901-3597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bayhealth Medical Center		e Vice President and Chief C	pe
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Dennis E Klima			Date of Receipt
	Mailing Address 640 South State Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13558274
	Dover	DE	19901-3597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bayhealth Medical Center		and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	500.00	
2	Full Name (Last, First, Middle Initial) Mr. Clarence LaLiberty			Date of Receipt
J .	Mailing Address 2603 West 16th Street			1 2 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 13558457
	Wilmington	DE	19806-1103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		825.00
	Name of Employer St. Francis Hospital	Occupation		7
	Receipt For:		ecutive Officer Year-to-Date ▼	_
	Primary General Other (specify) ▼	riggregate	825.00	
) .	Full Name (Last, First, Middle Initial) Ms Vanessa Purnell			Date of Receipt
	Mailing Address 201 East University Park	way		12 29 YYYY 12 29 2006
	City	State	Zip Code	Transaction ID: 13558488
	Baltimore	MD	21218-2895	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Union Memorial Hospital		Vice President Government	A f
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1575.00
	/			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: P	PAGE 117 / 226
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11 13 14 15	⊢ −
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting of soliciting of solicit contributions from such	contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,		
Α.	Full Name (Last, First, Middle Initial) Mr. Bradley Chambers Mailing Address 201 East University Pa	rkway		Date of Receipt	2006
	City Baltimore	State MD	Zip Code 21218-2895	Transaction ID: 13558 Amount of Each Receipt	3489
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Union Memorial Hospital		erating Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.				Date of Receipt	
	Mailing Address 201 East University Pa	rkway		12 29	2006
	City	State	Zip Code	Transaction ID: 13558	
	Baltimore	MD	21218-2891	Amount of Each Receipt	t this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Union Memorial Hospital	Occupation Vice Pres	n sident Care Services		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr Joseph B Smith			Date of Receipt	
	Mailing Address 201 East University Pa	rkway		12 29	2006
	City	State	Zip Code	Transaction ID: 13558	
	Baltimore	MD	21218-2895	Amount of Each Receipt	t this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Union Memorial Hospital Receipt For:		n sident Finance e Year-to-Date ▼		
	Primary General Other (specify) ▼	Aggregate	250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
Т	OTAL This Period (last page this line number of	only)	_		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 118 / 226
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Harrison J Rider			Date of Receipt
	Mailing Address 201 East University Pa	rkway		12 29 2006
	City	State	Zip Code	Transaction ID: 13558495
	Baltimore	MD	21218-2829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Union Memorial Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
R	Full Name (Last, First, Middle Initial) Dr Stuart Bell, , M.D.			Date of Receipt
υ.	Mailing Address 201 East University Pa	rkway		M M / D D / Y Y Y Y
		inway		12 29 2006
	City	State	Zip Code	Transaction ID: 13558496
	Baltimore	MD	21218-2891	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Union Memorial Hospital	Occupation Vice Pres	n sident Medical Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Ms. Vanessa A. Diflumeri			Date of Receipt
C.	Mailing Address 201 East University Pa	rkway		M M / D D / Y Y Y Y
	ZOT Last Offiversity Fa	inway		12 29 2006
	City	State	Zip Code	Transaction ID: 13558497
	Baltimore	MD	21218-2829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Union Memorial Hospital	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
_	Other (specify) ▼	0 0		
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 119/226	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIVIIZED TEOLII TO			Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 interiodi i ricopital ricocciation i rico				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Vahe A. Kazandjian			Date of Receipt	
	Mailing Address 8392 Sweet Cherry Lan	ie		12 29	2006
	City	State	Zip Code	Transaction ID: 13	
	Laurel	MD	20723-1062	Amount of Each Re	
			20720 1002	Amount of Each Fice	1 1 1 1
	FEC ID number of contributing federal political committee.	C			600.00
	·				
	Name of Employer Maryland Hospital Associa-	Occupation			
	tion		President, Research	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		600.00		
		0 0	1 1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Michele K. Matton			Date of Receipt	
	Mailing Address 1132 Nichols Ct.			M M / D D	7 7 7 7 7
	Cit.	01-1-	7in Ondo	12 29	2006
	City Millowerille	State	Zip Code	Transaction ID: 13	
	Millersville	MD	21108-2152	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.				250.00
	Name of Employer MedStar Health	Occupation			
		Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify)		250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0	J.	
	Full Name (Last, First, Middle Initial)				
C.	Mr. Lawrence M Beck			Date of Receipt	
	Mailing Address 5601 Loch Raven Boule	evard		12 29	2006
	City	State	Zip Code		
	Baltimore Saltimore	MD	21239-2995	Transaction ID: 13 Amount of Each Re	
		IVID	21203-2333	Amount of Each Ne	selpt triis Period
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Good Samaritan Hospital	Occupation			
	of Maryland	President		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	375.00		
	canor (opeonij) 🔻	0 0	1 1 1 1 1 1 1	1	
s	UBTOTAL of Receipts This Page (optional)		.		1100.00
	1			-	
T	OTAL This Period (last page this line number of	only))		

SCHEDULE A (FEC Form 3X)		Llas asperata ashadula(s)	FOR LINE NUMBER: PAGE 120 / 226	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	ny information copied from such Reports and State	monte may	y not be sold or used by any person	
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle				
Α.	Full Name (Last, First, Middle Initial) Ms. Beth Berry			Date of Receipt
Α.	Mailing Address 500 Interstate Boulevard	South		M M / D D / Y Y Y Y
	Walling Address 500 litterstate bodievard	South		12 29 2006
	City	State	Zip Code	Transaction ID: 13558984
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	 1	┪
	Toppossoo Hośpital Associ		President, Government Affair	s
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. James L Brexler			Date of Receipt
	Mailing Address 975 East Third Street			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13558985
	Chattanooga	TN	37403-2163	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer	Occupation	1	7
			t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Curior (Speedily)	0 0		
	Full Name (Last, First, Middle Initial)			
C.	Ms. Jeannine Briley			Date of Receipt
	Mailing Address 500 Interstate Blvd. South	1		1 2 2 9 2 0 0 6
	City	State	Zip Code	
	Nashville	TN	37210-4634	Transaction ID: 13558986 Amount of Each Receipt this Period
	FEC ID number of contributing		07210 1001	
	federal political committee.	C		250.00
	Name of Francisco	0		_
	Tennessee Hośpital Associ-	Occupation	sident, Education Services	
	ation Receipt For:		Year-to-Date V	-
	Primary General	1.999		
	Other (specify) ▼		250.00	
_				
				1500.00
S	UBTOTAL of Receipts This Page (optional)	·····	······································	1500.00
T	OTAL This Period (last page this line number only	/)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 121 / 226
ΙT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
-	- -		Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Chris Clarke			Date of Receipt
	Mailing Address 500 Interestate Blvd. Sou	ıth		12 29 7 2006
	City	State	Zip Code	Transaction ID: 13558988
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation Senior Vi	n ce President, Clinical and Pr	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. James Byrd			Date of Receipt
	Mailing Address 500 Interestate Blvd. Sou	ıth		12 29 YYYYY 12 29 2006
	City	State	Zip Code	Transaction ID: 13558989
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bradley Memorial Hospital	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
				'
Э.	Full Name (Last, First, Middle Initial) Ms. Donna Dickens			Date of Receipt
	Mailing Address 500 Interstate Boulevard			12 29 7 2006
	City	State	Zip Code	Transaction ID: 13558990
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tennessee Hospital Associ-	Occupation		7
	ation Receipt For:		sident, Accounting Year-to-Date ▼	-
	Primary General	, iggi ogalo		
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)	1250.00		
т	OTAL This Period (last page this line number onl	v)		
	· · · · · · · · · · · · · · · ·	<i>,</i> ,		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 / 226			
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12			
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich			Date of Receipt			
	Mailing Address 500 Interstate Boulevard			12 29 7 2006			
	City Nashville	State TN	Zip Code 37210-4634	Transaction ID: 13558991 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Tennessee Hospital Associ- ation	Occupation Assistant	n t Vice President				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00				
3.	Full Name (Last, First, Middle Initial) Mr. James L. Goodloe			Date of Receipt			
	Mailing Address 500 Interstate Blvd. Sour	th		12 29 2006			
	City	State	Zip Code	Transaction ID: 13558994			
	Nashville	TN	37210-4634	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Tennessee Hospital Associ-	Occupation	n ice President				
	ation Receipt For:		e Year-to-Date V	-			
	Primary General	, iggi ogaic					
	Other (specify) ▼		1000.00				
 Э.	Full Name (Last, First, Middle Initial) Mr. Michael Huggins			Date of Receipt			
	Mailing Address 500 Interstate Boulevard	South		12 29 2006			
	City	State	Zip Code	Transaction ID: 13558998			
	Nashville	TN	37210-4634	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Tennessee Hospital Associ-	Occupation	n e Vice President & COO				
	ation Receipt For:	l	e Year-to-Date ∇	-			
	Primary General Other (specify) ▼	39.73	1000.00				
s	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number or	nly)	<u> </u>				
-	(,,					

SCHEDULE A (FEC Form 3X)			lles servets selective(s)	FOR LINE NUMBER: PAGE 123 / 226
•			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)		moco or any pontion committee to	
$ \rangle$	American Hospital Association PAC			
	7 interiodir i respitat 7 isosolation i 7 is			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Bill Jolley	ıı.		Date of Receipt
	Mailing Address 500 Interstate Blvd., So	utn		12 29 2006
	City	State	Zip Code	Transaction ID: 13558999
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	_
	Name of Employer Tennessee Hospital Associ- ation		Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify) ▼		500.00	
	Full Name (Lock First Middle Letter)			
В.	Full Name (Last, First, Middle Initial) Ms. Michelle Long			Date of Receipt
	Mailing Address 500 Interestate Blvd. So	uth		M ' M / D ' D / Y ' Y ' Y ' Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13559002
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Tederal political committee.			
	Name of Employer Tennessee Hospital Associ-	Occupation		
	ation		General Counsel	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	3
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			5. (5
C.	Mr. David H. McClure Mailing Address 500 Interstate Boulevard	10. 11		Date of Receipt
	Mailing Address 500 Interstate Boulevard	a South		12 29 2006
	City	State	Zip Code	Transaction ID: 13559004
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			200.00
	Name of Employer Tennessee Hospital Associ-	Occupation	1	
	Tennessee Hospital Association	Vice Pres	sident, Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		200.00	1
Г				
٩	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 124 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Kem Mullins			Date of Receipt
	Mailing Address 2986 Kate Bond Road			12 29 2006
	City	State	Zip Code	Transaction ID: 13559006
	Bartlett	TN	38133-4003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital-Ba- rtlett	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Paul R Bengtson			Date of Receipt
	Mailing Address P O Box 905			12 29 2006
	City	State	Zip Code	Transaction ID: 13559015
	Saint Johnsbury	VT	05819-9962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northeastern Vermont Regi-	Occupation	n ecutive Officer	
	onal Hospital Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Barry G Beeman			Date of Receipt
	Mailing Address 17 Belmont Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13559016
	Brattleboro	VT	05301-6613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brattleboro Memorial Hosp-	Occupation	n t and Chief Executive Officer	
	ital Receipt For:	1	e Year-to-Date Very description of the text of the t	-
	Primary General	, iggi ogale		1
	Other (specify) ▼		250.00	
				750.00
S	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 125 / 226
· ·		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garminary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Ms. Marie Beatrice Grause, RN, JD			Date of Receipt
	Mailing Address 1580 North Street			M M / D D / Y Y Y Y
	-			12 29 2006
	City	State	Zip Code	Transaction ID: 13559017
	Montpelier	VT	05602-2997	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
		10 "		
	Name of Employer Vermont Association of Ho-	Occupation		
	spitals & Hea	President	•	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify)			
ь	Full Name (Last, First, Middle Initial)			Date of Descipt
В.	Mr. Joseph L Woodin			Date of Receipt
	Mailing Address P O Box 2000			12 29 2006
	City	State	Zip Code	
	Randolph	VT	•	Transaction ID: 13559018
		V 1	05060-2000	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Gifford Medical Center	President	t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Timothy L Charles			Date of Receipt
	Mailing Address 701 Tenth Street SE			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13559118
	Cedar Rapids	IA	52403-1251	Amount of Each Receipt this Period
	FEC ID number of contributing			375.00
	federal political committee.	C		373.00
	Name of Employer	Ossunation		_
	Name of Employer Mercy Medical Center	Occupation		.
			t and Chief Executive Office	<u>'-</u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
	☐ Other (Specify) ▼			1
1.				1125.00
Ls	UBTOTAL of Receipts This Page (optional)	·····	<u> </u>	1120.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 126 / 226
· ·		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Vicki L. Briggs			Date of Receipt
	Mailing Address 196 Highland View Dr			12 07 2006
	City	State	Zip Code	Transaction ID: 13559166
	Birmingham	AL	35242-6847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Trinity Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Mr. William H Anderson			Date of Receipt
	Mailing Address P O Box 610			M M / D D / Y Y Y Y
				12 07 2006
	City	State	Zip Code	Transaction ID: 13559218
	Sheffield	AL	35660-0610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Helen Keller Hospital	Occupation President		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Heidi L. Gartland			Date of Receipt
	Mailing Address 5958 Heather Lane			12 29 2006
	City	State	Zip Code	Transaction ID: 13559219
	Hudson	OH	44236-4325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	า	
	University Hospitals of Cleveland	Vice Pres	sident, Government Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
_				
				2500.00
S	UBTOTAL of Receipts This Page (optional)	·····	······································	2300.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 127 / 226
	ITEMIZED RECEIPTS		or each category of the	(check only one)	□ 44. □ 46
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of solic	citing contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Laura Miller			Date of Receipt	
	Mailing Address 1616 Whispering Pines	Lane		12 29	
	City	State	Zip Code	Transaction ID: 1	
	Bellefontaine	OH	43311-9240	Amount of Each R	
	FEC ID number of contributing federal political committee.	С			125.00
	Name of Employer	Occupation	n		
	Mary Rutan Hospital		t VP, Marketing		
	Receipt For:		e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	230.00		
— В.	Full Name (Last, First, Middle Initial) Ms. Lynn R. Olman			Date of Receipt	
	Mailing Address 1348 Custer Avenue			12 29	
	City	State	Zip Code	Transaction ID: 1	3559226
	Cincinnati	OH	45208-2525	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Greater Cincinnati Health	Occupation	n		
	Council		t Emeritus		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
	Guidi (openily) •	0 0	0 0 0 0 0 0 0	'	
С.	Full Name (Last, First, Middle Initial) Mr. Joan G. Swenson			Date of Receipt	
J .	Mailing Address 3321 Beaumonde Lane			M M / D D	/ Y Y Y Y
				12 29	
	City	State	Zip Code	Transaction ID: 1	
	Kettering	OH	45409-1149	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Kettering Medical Center-	Occupation			
	Network		Human Resources		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)	' '	250.00		
_		0 0	0 0 0 0 0 0	1	
s	UBTOTAL of Receipts This Page (optional)				375.00
\vdash				-	
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 128 / 226
TEMIZED RECEIPTS			or each category of the	(check only one)] 440
-			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۸.	Full Name (Last, First, Middle Initial) Mr. Richard F Castrop			Date of Receipt	
	Mailing Address 55 Hospital Drive			M M / D D	/
	City	State	Zip Code	12 29	2006
	City Athens	OH	45701-2302	Transaction ID: 13 Amount of Each Re	
	FEC ID number of contributing		40701 2002	Amount of Laciffie	· · · · · ·
	federal political committee.	C			125.00
	Name of Employer O'Bleness Memorial Hospit-	Occupation			
	al Receipt For:	Presiden	Year-to-Date ▼		
	Primary General	Aggregate		1	
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
3.	Ms. Tamara Gump			Date of Receipt	
	Mailing Address 201 East glen Drive	1 2 2 9	2006		
	City	State	Zip Code	Transaction ID: 13	
	Bellefontaine	OH	43311-9106	Amount of Each Re	
	FEC ID number of contributing	С			125.00
	federal political committee.	<u> </u>			120.00
	Name of Employer Mary Rutan Hospital	Occupation			
			ecutive Officer Year-to-Date		
	Receipt For: Primary General	Aggregate	rear-to-Date V	7	
	Other (specify) ▼		250.00		
				-	
Э.	Full Name (Last, First, Middle Initial) Mr. Patrick J Martin			Date of Receipt	
	Mailing Address 272 Benedict Avenue			12 29	2006
	City	State	Zip Code	Transaction ID: 13	
	Norwalk	ОН	44857-2374	Amount of Each Re	
	FEC ID number of contributing	С			125.00
	federal political committee.	<u> </u>			123.00
	Name of Employer Fisher-Titus Medical Cent-	Occupation			
	er Receipt For:	-	t and Chief Executive Officer Year-to-Date Very state of the state		
	Primary General	Aggregate		1	
	Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				375.00
T	OTAL This Period (last page this line number o	nlv)			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 129 / 226	
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b	11c 12
			Detailed Summary Page	13 14	15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	y not be sold or used by any person	on for the purpose of soliciting	ng contributions	
7	NAME OF COMMITTEE (In Full)	iairie ariu aut	aress or any pointed committee to	Solicit Continbutions from St	ich committee.
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr William A Powel			Date of Receipt	
	Mailing Address 525 East Market Street			12 29	2006
	City	State	Zip Code	Transaction ID: 135	59231
	Akron	OH	44309-2090	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	С			125.00
	Name of Employer Summa Health System	Occupation Vice Pres	n sident Legal Services		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	250.00	1	
	Other (specify)			J.	
В.	Full Name (Last, First, Middle Initial) Mr. Dominic Prunte			Date of Receipt	
	Mailing Address 2814 Bryden Road			12 / 29	2006
	City	State	Zip Code	Transaction ID: 135	59232
	Columbus	OH	43209-2248	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	С			125.00
	Name of Employer Fairfield Medical Center	Occupation Vice Pres	n sident, Human Resources		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	250.00	1	
	Other (specify) ▼	0 0		1	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ted Ripperger			Date of Receipt	
	Mailing Address 3280 Showmaker Road			12 29	2006
	City	State	Zip Code	Transaction ID: 135	59233
	Lebanon	OH	45036-9066	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Middletown Regional Hospi- tal	Occupation Personne	n el Director		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00	1	
	U Other (specify) ▼	0 0		1	
s	UBTOTAL of Receipts This Page (optional)				375.00
1 [OTAL This Period (last page this line number o	піу)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 130 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Patricia A Ruflin			Date of Receipt
	Mailing Address 7007 Powers Boulevard			12 29 2006
	City	State	Zip Code	Transaction ID: 13559234
	<u>Parma</u>	OH	44129-5437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Parma Community General Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
3.	Full Name (Last, First, Middle Initial) Mr Howard Sniderman			Date of Receipt
	Mailing Address 401 North Ewing Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13559235
	Lancaster	OH	43130-3372	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Fairfield Medical Center	Occupation Vice Pres	n sident Professional and Supp	007
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	8 8 8 8 8 8	
Э.	Full Name (Last, First, Middle Initial) Mr. Joe Tal			Date of Receipt
	Mailing Address 9691 Stoney Creek Lane			12 29 / 2006
	City	State	Zip Code	Transaction ID: 13559236
	Cleveland	OH	44130-4768	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Parma Community General	Occupation	n	7
	Hospital	Trustee		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	, [
	Other (specify)		250.00	
	(Sb220.1) 4		0 0 0 0 0 0 0	
SI	UBTOTAL of Receipts This Page (optional)			375.00
т	OTAL This Period (last page this line number or	ıly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 131 / 226 (check only one)
_			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr Eugene A Thorn Mailing Address 659 Boulevard			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13559237
	Dover	OH	44622-2077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Union Hospital	Occupation Vice Pres	n sident Finance and Chief Fin	an
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Carol J. Turner			Date of Receipt
	Mailing Address 1329 Wispering Woods		7: 0.1	12 29 2006
	City Springboro	State OH	Zip Code 45066-9618	Transaction ID: 13559238 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45000-3010	125.00
	Name of Employer Middletown Regional Hospi- tal		e VP & Chief Operating Offic	er
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Ms. Cheryl Brooks			Date of Receipt
	Mailing Address 737 North Barron Street		7: 0.1	12 29 2006
	City Kenton	State OH	Zip Code 43326-1409	Transaction ID: 13559239 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10020 1100	125.00
	Name of Employer Mary Rutan Hospital	Occupation Asst. Vic	n e President Managed Care	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			375.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 132 / 226
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δη	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Ron Carmin			Date of Receipt
	Mailing Address 205 Palmer Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13559240
	Bellefontaine	ОН	43311-2281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Mary Rutan Hospital	Occupation Vice Pres	n sident Fiscal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Marcia M. Davis			Date of Receipt
٥.	Mailing Address 17850 Snider Road	M M / D D / Y Y Y Y		
			12 29 2006	
	City	State	Zip Code	Transaction ID: 13559241
	Jackson Center	OH	45334-9733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Mary Rutan Hospital	Occupation Vice Pres	sident, Patient Services	7
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	111		1
	Other (specify)	0 0	250.00]
_	Full Name (Last, First, Middle Initial) Mr. Timothy L. Froebe			Date of Receipt
J .	Mailing Address 6429 Road 14			M M / D D / Y Y Y Y
	14 14 14 14 14 14 14 14 14 14 14 14 14 1			12 29 2006
	City	State	Zip Code	Transaction ID: 13559242
	Bellefontaine	OH	43357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Mary Rutan Hospital	Occupation Vice Pres	sident, Human Resources	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
_				
				375.00
S	UBTOTAL of Receipts This Page (optional)			313.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 226 (check only one)
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ne una uac	need of any pointed committee to	SOLOR CONTINUES.
Α.	Full Name (Last, First, Middle Initial) Mr. Bijan J. Goodarzi, MD			Date of Receipt
	Mailing Address 6820 Layman Drive			12 29 2006
	City Nashport	State OH	Zip Code 43830-9524	Transaction ID: 13559243 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Genesis HealthCare System	Occupation Administr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Becky Nicholl			Date of Receipt
	Mailing Address 204 North Hayes Street			12 29 2006
	City Bellefontaine	State OH	Zip Code 43311-2406	Transaction ID: 13559244
	FEC ID number of contributing federal political committee.	C	45311-2400	Amount of Each Receipt this Period 125.00
	Mary Rutan Hoénital	Occupation Vice Pres	n sident, Quality Risk Manage	m ¢ n
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dwight Spencer			Date of Receipt
	Mailing Address 4875 County Road 20			12 29 2006
	City	State OH	Zip Code	Transaction ID: 13559245
	Rushsylvania FEC ID number of contributing federal political committee.	С	43347-9749	Amount of Each Receipt this Period 125.00
		Occupation	1	
			ecutive Officer Year-to-Date	_
	Primary General Other (specify) ▼	93-9	250.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
Т	OTAL This Period (last page this line number only)		

9	CHEDIII E A (EEC Form 3V)			FOR LINE NUMBER: PAGE 134 / 226	
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Δr	y information copied from such Reports and Si	tatemente may	unot be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle					
Α.	Full Name (Last, First, Middle Initial) Mr Peter J King			Date of Receipt	
	Mailing Address 405 Grand Avenue			M M / D D / Y Y Y Y	
	0::		7' 0 1	12 29 2006	
	City	State	Zip Code	Transaction ID: 13559246	
	Dayton	OH	45405-4720	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Grandview Hospital and Me-	Occupation	n		
	dical Center	Senior Vi	ce President and Chief Fina	nd	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		300.00		
	Full Name (Last, First, Middle Initial)			+	
В.	Mr. Ronald Klein			Date of Receipt	
	Mailing Address 647 E Street, Rt. 73		12 29 2006		
	City	State	Zip Code	Transaction ID: 13559247	
	Springboro	OH	45066	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer	Occupation	n	\dashv	
	Name of Employer Kettering Medical Center- Network	Medical [
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	500.00		
	Full Name (Last, First, Middle Initial)				
C.	Mr. Frank J Bartell			Date of Receipt	
	Mailing Address 5901 Monclova Road			12 29 2006	
	City	State	Zip Code	Transaction ID: 13559248	
	Maumee	OH	43537-1899	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer St. Luke's Hospital	Occupation			
			t and Chief Executive Officer	-	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Cirici (Specily) 🔻		1 1 1 1 1 1 1	1	
_	UBTOTAL of Receipts This Page (optional)			750.00	
\vdash	ODITION THE OF THE PROPERTY OF THE PROPERTY OF THE OFFICE OF THE PROPERTY OF T				

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 135 / 226
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Melvin R Creeley			Date of Receipt
	Mailing Address 425 West Fifth Street			12 29 29 2006
	City	State	Zip Code	Transaction ID: 13559249
	East Liverpool	OH	43920-2498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer East Liverpool City Hospi- tal	Occupation President		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1	500.00	7
	Other (specify)	0 0	500.00	
ь	Full Name (Last, First, Middle Initial)			Data of Bassist
Ь.	Mr. Douglas W McNeill, , FACHE Mailing Address 105 McKnight Drive			Date of Receipt
	Maining Address 105 MCKINGIII Drive	12 29 2006		
	City	State	Zip Code	Transaction ID: 13559250
	Middletown	OH	45044-4838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Middletown Regional Hospi-	Occupation		
	tal		and Chief Executive Office	er
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Cathleen K Nelson			Date of Receipt
	Mailing Address 2600 Navarre Avenue			M M / D D / Y Y Y Y
	0::	0	7: 0 1	12 29 2006
	City	State OH	Zip Code	Transaction ID: 13559252
	Oregon	Un	43616-3297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St. Charles Mercy Hospital		Occupation President	n t and Chief Executive Office	er
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		506.25	
Other (specify) ▼				
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash				
т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 136 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
"	TI LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
	· ····································			13 14 15 16 17
	ny information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			_
Α.	Full Name (Last, First, Middle Initial) Mr. LaMar L Wyse			Date of Receipt
	Mailing Address 269 Portland Way South			12 29 2006
	City	State	Zip Code	Transaction ID: 13559253
	Galion	ОН	44833-2312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Galion Community Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		300.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Mandy C Goble			Date of Receipt
	Mailing Address 205 Palmer Avenue			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13559254
	Bellefontaine	OH	43311-2298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mary Rutan Hospital	Occupation		
			t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	l ' '	500.00	
	Other (specify)		0 0 0 0 0 0	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Thomas L Sieber			Date of Receipt
	Mailing Address 2951 Maple Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13559255
	Zanesville	ОН	43701-1406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Genesis HealthCare System	Occupation President	n t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 137 / 226
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing			Date of Receipt
	Mailing Address 401 North Ewing Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13559256
	Lancaster	OH	43130-3372	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fairfield Medical Center	Occupation President	n tand Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. William W Harding			Date of Receipt
	Mailing Address 659 Boulevard			M M / D D / Y Y Y Y
	City	State	Zip Code	12 29 2006
	Dover	OH	44622-2077	Transaction ID: 13559257 Amount of Each Receipt this Period
		011	44022-2011	Amount of Each neceipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Union Hospital	Occupation		
		1	and Chief Executive Officer	·
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	1000.00	
	case (eposis)) \			1
C.	Full Name (Last, First, Middle Initial) Mr. James Akers			Date of Receipt
	Mailing Address 430 Thorn Hill Lane			12 29 2006
	City	State	Zip Code	Transaction ID: 13559258
	Middletown	OH	45042-3664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Middletown Regional Hospi- tal	Occupation Trustee	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	E00.00	1
	Other (specify)		500.00	
•	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)		Llan apparata ash = dilla(a)	FOR LINE NUMBER:	PAGE 138 / 226
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	aterrients may name and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of solicitions from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Ronald S Owen			Date of Receipt	
	Mailing Address P O Box 6987			12 07	2006
	City	State	Zip Code	Transaction ID: 13	
	Dothan	AL	36302-6987	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Southeast Alabama Medical Center	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		800.00	1	
	Other (specify)		300.00		
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth Hanover			Date of Receipt	
	Mailing Address 3200 Burnet Avenue	12 / 29	2006		
	City State Zip Code			Transaction ID: 135	
	Cincinnati	OH	45229-3019	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Health Alliance of Greater	Occupation President	n t and Chief Executive Office		
	Cincinnati Receipt For:		Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
Э.	Full Name (Last, First, Middle Initial) Mr. Chris Johns			Date of Receipt	
	Mailing Address P O Box 886			12 / 07	2006
	City	State	Zip Code	Transaction ID: 135	
	Monroeville	AL	36461-0886	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Monroe County Hospital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		000.00		
S	UBTOTAL of Receipts This Page (optional)				1500.00
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T	OTAL This Period (last page this line number o	nly))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 139 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms Talana Bell			Date of Receipt
	Mailing Address P O Box 6907			12 07 2006
	City	State	Zip Code	Transaction ID: 13559263
	Dothan	AL	36302-6907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Flowers Hospital	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
_	Other (specify) ▼	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ralph H. Clark			Date of Receipt
٥.	Mailing Address 603 Oakhill Avenue			M M / D D / Y Y Y Y
				12 07 2006
	City	State	Zip Code	Transaction ID: 13559404
	Sheffield	AL	35660-7263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lakeview Community Hospit- al	Occupation CEO	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼			1
c.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M Fried, , FACHE			Date of Receipt
	Mailing Address 424 Savannah Road			12 29 2006
	City	State	Zip Code	Transaction ID: 13565389
	Lewes	DE	19958-1462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Beebe Medical Center	Occupation President	n t and Chief Executive Office	 r
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	1
s	UBTOTAL of Receipts This Page (optional)			1000.00
I T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 140 / 226
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Norman Hubbard			Date of Receipt
	Mailing Address 825 Eastlake Avenue E	ast		12 29 2006
	City	State	Zip Code	Transaction ID: 13566359
	Seattle	WA	98109-4405	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	C		175.00
	Name of Employer Seattle Cancer Care Allia-	Occupation	n e Vice President	
	nce Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09410		1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Ms. Elaine Couture			Date of Receipt
	Mailing Address 101 West Eighth Avenu	ie.		M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13566360
	Spokane	WA	99204-2307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	- Todoral political committee.			
	Name of Employer Sacred Heart Medical Cent-	Occupation		
	er	Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)	0 0	200.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. Shaun Koos Mailing Address 400 South 43rd Street			Date of Receipt
	Mailing Address 400 South 43rd Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13566363
	Renton	WA	98055-5714	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Valley Medical Center	Occupation Director	1	
Receipt For:			Year-to-Date ▼	
	Primary General	3333.0		1
	Other (specify) ▼		250.00	
				1
	•			
s	UBTOTAL of Receipts This Page (optional)			675.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 141 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
3.	Full Name (Last, First, Middle Initial) Mr. Henry Turner Mailing Address 1654 103rd S.E. City Bellevue FEC ID number of contributing federal political committee. Name of Employer Swedish Health Services Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Kirby McDonald Mailing Address 3847 Hunts Point Rd. City Hunts Point	State WA C Occupation Chairman Aggregate State WA		Date of Receipt M
	FEC ID number of contributing federal political committee. Name of Employer Swedish Health Services Receipt For: Primary General Other (specify)	Occupation Trustee Aggregate	o Year-to-Date ▼ 500.00	500.00
Э.	Full Name (Last, First, Middle Initial) Mr John Biancamano Mailing Address P O Box 5037 City Hartford FEC ID number of contributing federal political committee. Name of Employer Hartford Hospital Receipt For: Primary General Other (specify)		Zip Code 06102-5037 n sident Finance Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1000.00
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- 1 '	OTAL This Period (last page this line number o	ııı y)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 142 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI EIMIZED TIEGEII 10			Detailed Summary Page	X 11a 11b	11c 12
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Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of so solicit contributions fro	on such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in order Floopital Accordation 1710				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Martin J. Gavin			Date of Receipt	
	Mailing Address 108 Winding Lane				9 2006
	City	State	Zip Code		
	City Avon	CT	06001-2625	Transaction ID:	
		01	00001-2023	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Connecticut Children's Me-	Occupation			
	dical Center	President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Otrier (specify)		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.	Dr. Alfred Herzog, M.D.			Date of Receipt	
	Mailing Address 97 Surrey Lane				D / Y Y Y Y Y
					2006
	City	State	Zip Code	Transaction ID:	13567245
	Glastonbury	CT	06033-3258	Amount of Each	Receipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer Hartford Hospital	Occupation	n		
	Hartford Hospital	Vice Pres	sident, Medical Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		230.00		
	Full Name (Last First Mills 1997)				
C.	Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings			Date of Receipt	
•	Mailing Address 365 Montauk Avenue			M M / D	D / Y Y Y Y Y
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				2006
	City	State	Zip Code	Transaction ID:	13567246
	New London	CT	06320-4700	Amount of Each	Receipt this Period
	FEC ID number of contributing	С			500.00
federal political committee.		<u> </u>			300.00
		Occupation	 n		
	Name of Employer Lawrence & Memorial Hospi- tal		t and Chief Executive Officer		
<u>lai</u>			Year-to-Date ▼		
			1000.00	1	
Other (specify) ▼			1000.00		
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					1000.00
S	UBTOTAL of Receipts This Page (optional)		······		1000.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 143 / 226		
ITEMIZED RECEIPTS			or each category of the	(check only one)			
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or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.		
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
\mathbb{Z}	·						
	Full Name (Last, First, Middle Initial)			Data of Danaist			
Α.	Mr Vincent Capece Mailing Address 28 Crescent Street			Date of Receipt	/ Y Y Y Y		
	Walling Address 28 Crescent Street			12 29	2006		
	City	State	Zip Code	Transaction ID: 13	567247		
	Middletown	CT	06457-3650	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing	С			250.00		
	federal political committee.				200.00		
	Name of Employer Middlesex Hospital	Occupation	n	_			
	Middlesex Hospital	Vice Pres	sident Finance and Treasure	r			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	' '	250.00				
	Other (specify)		200.00				
	Full Name (Last, First, Middle Initial)						
В.				Date of Receipt			
	Mailing Address 110 Barnes Road			M M / D D	/ Y Y Y Y		
				12 29	2006		
	City State		Zip Code		Transaction ID: 13567248		
	Wallingford	СТ	06492-1802	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Hartford Hospital	Occupation					
	-	Vice Pres		_			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1			
	Other (specify)		250.00				
				·			
_	Full Name (Last, First, Middle Initial)						
C.	Mr James Staten Mailing Address 20 York Street			Date of Receipt			
	Mailing Address 20 York Street			12 29	2006		
	City	State	Zip Code	Transaction ID: 13	567249		
	New Haven	CT	06510-3220	Amount of Each Re			
	FEC ID number of contributing	C	1 1 1 1 1		250.00		
	federal political committee.				250.00		
			 n	\dashv			
	Name of Employer Yale-New Haven Hospital	Occupation Senior Vi	ce President Finance				
	Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General			250.00	1			
	Other (specify) ▼	0 0	230.00				
	IIPTOTAL of Possinto This Page (antice-1)		_		750.00		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 144 / 226
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, coge	13 14 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Vincent Petrini			Date of Receipt
	Mailing Address 20 York Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13567250
	New Haven	CT	06510-3220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Yale New Haven Health Sys-	Occupation Senior VI		7
	tem Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Peter N Herbert, , M.D.			Date of Receipt
	Mailing Address 789 Howard Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13567251
	New Haven	CT	06519-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Yale New Haven Health Sys-	Occupation Senior Vi	n ce President Medical Affairs	
	tem Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			•
C.	Mr Richard D'Aquila			Date of Receipt
	Mailing Address 789 Howard Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13567252
	New Haven	CT	06519-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Yale New Haven Health Sys-	Occupation	n e Vice President and Chief C	100
	tem Receipt For:		Year-to-Date V	/PF
	Primary General	~yyı eyale	Teal-to-Date ▼	1
	Other (specify)		250.00	
		0 0		4
٩	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 145 / 226		
· ·			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Robert E Smanik, , FACHE			Date of Receipt		
	Mailing Address P O Box 6001			12 29 2006		
	City	State	Zip Code	Transaction ID: 13567255		
	Putnam	CT	06260-0901	Amount of Each Receipt this Period		
		<u> </u>	00200 0001	Amount of Each receipt this renou		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Day Kimball Hospital	Occupation President	n t and Chief Executive Officer	_		
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	1	500.00			
В.	Full Name (Last, First, Middle Initial) Mr. William C. Powanda			Date of Receipt		
	Mailing Address 27 Partridge Drive			M M / D D / Y Y Y Y		
				12 29 2006		
	City	State	Zip Code	Transaction ID: 13567256		
	Seymour	CT	06483-2217	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer	Occupation		\dashv		
	Griffin Hospital	Vice Pres				
	Receipt For:	1	Year-to-Date ▼	-		
	Primary General	riggregate	Total to Bate V	1		
	Other (specify) ▼		250.00			
C.	Full Name (Last, First, Middle Initial) Mr. Frank J Kelly			Date of Receipt		
	Mailing Address 24 Hospital Avenue			12 29 7 2006		
	City	State	Zip Code	Transaction ID: 13567257		
	Danbury	CT	06810-6099	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	С		500.00		
	Name of Employer Danbury Hospital	Occupation				
			and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼		300.00			
_						
				1250.00		
S	UBTOTAL of Receipts This Page (optional)		······································	1230.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 146 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and Staten	nente may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
<u>/</u>	·			
	Full Name (Last, First, Middle Initial)			Data of Bassint
٦.	Mr. David Rackliffe Mailing Address PO Box 977			Date of Receipt
	Walling Address PO Box 977			12 29 2006
	City	State	Zip Code	Transaction ID: 13567258
	Bristol	CT	06011-0977	Amount of Each Receipt this Period
	FEC ID number of contributing	•		250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	-
	Prictal Hagnital	•	Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		
	Other (specify) ▼		250.00	
2	Full Name (Last, First, Middle Initial)			Data of Pagaint
э.	Mr. Ingo Angermeier, , FACHE Mailing Address 101 East Wood Street			Date of Receipt
	Walling Address TOT East Wood Street	12 29 2006		
	City	State	Zip Code	Transaction ID: 13605310
	Spartanburg	SC	29303-3016	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	-
	Spartanburg Régional Medi-		and Chief Executive Officer	
	<u>cai ocntei</u>		Year-to-Date ▼	
	Primary General		050.00	
	Other (specify) ▼		250.00	
) .	Full Name (Last, First, Middle Initial) Ms. Nancy Formella			Date of Receipt
•	Mailing Address One Medical Center Drive			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13605312
	Lebanon	NH	03756-1000	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation	1	7
al Center Receipt For:		President		
		Aggregate	Year-to-Date ▼	
			250.00	
Other (specify) ▼			200.00	
c	IRTOTAL of Receipts This Page (antional)			750.00
	UBTOTAL of Receipts This Page (optional)		······································	
т	OTAL This Period (last page this line number only)	1		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Douglas F Dean			Date of Receipt
	Mailing Address One Elliot Way			12 29 2006
	City	State	Zip Code	Transaction ID: 13605313
	Manchester	NH	03103-3599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Elliot Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kevin J Callahan			Date of Receipt
	Mailing Address 5 Alumni Drive	12 29 2006		
	City	State	Zip Code	Transaction ID: 13605314
	Exeter	NH	03833-2128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Eveter Hospital'	Occupation President	n t and Chief Executive Officer	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Ms. Alyson Pitman Giles			Date of Receipt
	Mailing Address 100 McGregor Street			12 29 2006
	City	State	Zip Code	Transaction ID: 13605315
	Manchester	NH	03102-3770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Catholic Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	OTAL This Period (last page this line number only			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 148 / 226	
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)	
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12	
			zotanou zummary i ago	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Russell G Keene			Date of Receipt	
	Mailing Address 59 Page Hill Road			12 29 2006	
	City	State	Zip Code	Transaction ID: 13605316	
	Berlin	NH	03570-3542	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Androscoggin Valley Hospi- tal	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General		050.00	1	
	Other (specify)		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Charles Stokes			Date of Receipt	
	Mailing Address 4438 Meadow Circle			12 29 2006	
	City	State	Zip Code	Transaction ID: 13606043	
	Belden	MS	38826	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer	Occupation	<u> </u>		
	Name of Employer North Mississippi Medical Center - Tup		Administrator		
	Receipt For:	_ · _ · _ ·	Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Chioco			Date of Receipt	
	Mailing Address 1220 Jefferson Street			M M / D D / Y Y Y Y Y 1 1 2 2 9 2 0 0 6	
	City	State	Zip Code	Transaction ID: 13606047	
	Laurel	MS	39440-4374	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		125.00	
	Name of Employer South Central Regional Me-	Occupation			
	dical Center		Executive Director		
	Receipt For:	Aggregate	Year-to-Date ▼	_	
	Primary General		275.00]	
	Other (specify)		2.0.00	1	
_				500.00	
Ls	UBTOTAL of Receipts This Page (optional)				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and Sta or commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
١.	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Charles L. Harrison Mailing Address 116 Woodgreen Crossin City Madison FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify)	State MS C Occupation Executive	Zip Code 39110-4522 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	Date of Receipt M M M
3.	Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Jackson FEC ID number of contributing federal political committee.	MS C	39216-4699	Transaction ID: 13606496 Amount of Each Receipt this Period 250.00
	Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
Э.	Full Name (Last, First, Middle Initial) Mr. Chris Anderson Mailing Address 2809 Denny Avenue			Date of Receipt 1 2 2 9 2 0 0 6
	City Pascagoula FEC ID number of contributing federal political committee. Name of Employer Singing River Hospital Sy-	State MS C Occupation		Transaction ID: 13606497 Amount of Each Receipt this Period 250.00
	stem Receipt For: Primary General Other (specify) ▼		ecutive Officer Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			625.00
TC	OTAL This Period (last page this line number o	nly))	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 150 / 226
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
Δn	y information copied from such Reports and Stat	ements may	y not he sold or used by any nerso	n for the purpose of solici	15 16 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Hal W Leftwich, , FACHE			Date of Receipt	
	Mailing Address P O Box 2790			1 2 D D 2 9	2006
	City	State	Zip Code	Transaction ID: 13	3606499
	Bay St Louis	MS	39521-2790	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Hancock Medical Center	Occupation Administr			
	Receipt For:		Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson			Date of Receipt	
	Mailing Address P O Box 188	12 / 29	2006		
	City	State	Zip Code	Transaction ID: 13	3606500
	Kilmichael	MS	39747-0188	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Kilmichael Hospital	Occupation			
			ecutive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			Data of Danaire	
٥.	Mr. Phil E. Matthews Mailing Address 419 Natural Resources D)rivo		Date of Receipt	/ Y Y Y Y
		71140		12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Little Rock	AR	72205-1576	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			325.00
	Name of Employer Arkansas Hospital Associa-	Occupation			
	tion	President			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		650.00		
				1	
SI	UBTOTAL of Receipts This Page (optional)				825.00
T	OTAL This Period (last page this line number on	ly)			

SCH	IEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	MIZED RECEIPTS		or each category of the Detailed Summary Page		9) 11b
Any in or for	nformation copied from such Reports and Sta commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	n for the purpose solicit contributior	of soliciting contributions as from such committee.
`	AME OF COMMITTEE (In Full) merican Hospital Association PAC				
4. <u>M</u> r	Il Name (Last, First, Middle Initial) Lee A Simpson ailing Address 21 Bridgeway Road	Ctata	Zip Code	Date of Rec	20 / 2006
	orth Little Rock	State AR	72113-9514		ID: 13607388 Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	72110 0014	Amount of L	162.50
Br —	me of Employer idgeWay, The sceipt For: Primary General Other (specify)		n ecutive Officer and Managing Year-to-Date ▼ 365.60	J D	
3. Mr	II Name (Last, First, Middle Initial) Paul Cunningham Illiang Address 419 Natural Resources	Drive		Date of Rec	D D / Y Y Y Y Y
Cit	Dity State Zip Code				20 2006
	ttle Rock	AR	72205-1 <u>5</u> 76		ID: 13607389 Each Receipt this Period
FE	C ID number of contributing deral political committee.	C	1 1 1 1 1 1	7 Allocate of E	325.00
<u>tio</u>	me of Employer kansas Hospital Associa- n sceipt For: Primary General Other (specify)		n ce President Year-to-Date ▼		
C. Mr	Il Name (Last, First, Middle Initial) . Michael D. Helm ailing Address Post Office Box 17006			Date of Rec	eipt
Cit	y	State	Zip Code		ID: 13607390
	ort Smith	AR	72917-7006		Each Receipt this Period
	C ID number of contributing deral political committee.	C			121.88
Ce	me of Employer parks Regional Medical enter eceipt For: Primary General Other (specify)	Occupation President Aggregate			
SUB	TOTAL of Receipts This Page (optional)				609.38
TOT	AL This Period (last page this line number or	nly))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 / 226
TEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	by information copied from such Reports and State	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nan	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Timothy E Hill			Date of Receipt
	Mailing Address 620 North Willow Street			12 20 20 6
	City	State	Zip Code	Transaction ID: 13607391
	Harrison	AR	72601-2994	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		162.50
	North Arkaniasi Pagional	Occupation		-
	Medical Center		and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		325.00	
3.	Full Name (Last, First, Middle Initial) Ms. Mary Krinkie			Date of Receipt
	Mailing Address 2550 University Avenue W Suite 350-S	٧.		12 29 2006
	City	State	Zip Code	Transaction ID: 13611006
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		264.99
	Minnesota Hospital Associ-	Occupation		
	ation	Vice Pres		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	514.99	
).	Full Name (Last, First, Middle Initial) Ms. Susan L Stout			Date of Receipt
	Mailing Address 1538 Lake Lucas Road			M M / D D / Y Y Y Y
				12 29 2006
	City	State NC	Zip Code	Transaction ID: 13611008
	Asheboro	INC	27205-2684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		295.00
	Randolph Hospital	Occupation		
Cillical			Director, RN Year-to-Date ▼	-
		Aggregate	rear-lu-Dale ▼	
	Other (specify) ▼	0 0	295.00	
s	UBTOTAL of Receipts This Page (optional)			722.49
_	OTAL This Period (last page this line number only	Δ.		
10	LILAL ING PARION LISET NOME THIS TIME NUMBER ONLY	/1	•	

S	CHEDULE A (FEC Form 3X)		Harrison and C. C. C. C.	FOR LINE NUMBER:	PAGE 153 / 226
-			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page		11c 12
					15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting solicit contributions from such	g contributions ch committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. David R Page			Date of Receipt	
	Mailing Address 2450 Riverside Avenue			12 / 29	2006
	City	State	Zip Code	Transaction ID: 1361	1011
	Minneapolis	MN	55454-1400	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Fairview Health Services	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify)	0 0	1000.00		
3.	Full Name (Last, First, Middle Initial) Mr. Richard Kreyer			Date of Receipt	
	Mailing Address 2550 University Avenue	12 / 29	2006		
	City	Transaction ID: 1361	1012		
	Saint Paul	MN	55114-1052	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation		sident, Labor Relations	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify) ▼		250.00		
— C.	Full Name (Last, First, Middle Initial) Ms. Tania Daniels			Date of Receipt	
	Mailing Address 2550 University Avenue	W.		M M / D D /	YYYY
				12 29	2006
	City	State	Zip Code	Transaction ID: 1361	
	Saint Paul	MN	55114-1052	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation		Health Policy		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)	0 0			
s	UBTOTAL of Receipts This Page (optional)				1185.00
_	OTAL This Period (last page this line number or	nlv)			
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SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 154 / 226				
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			, ,	13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any person	n for the purpose of soliciting contributions				
\ \	NAME OF COMMITTEE (In Full)	iame and add	diess of any political committee to	Solicit Contributions from Such Committee.				
	American Hospital Association PAC							
	American Hospital Association FAC							
	Full Name (Last, First, Middle Initial)							
A.	Mr. Matthew Anderson, JD			Date of Receipt				
	Mailing Address 2550 University Avenue	W.		1 2 2 9 2 0 0 6				
	City	State	Zip Code	Transaction ID: 13611015				
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period				
	FEC ID number of contributing		1 1 1 1 1 1					
	federal political committee.	C		120.00				
	Name of Canalagas	10		-				
	Name of Employer Minnesota Hospital Associ-	Occupation	n s, Regulatory/Strategic Affair					
	ation Receipt For:		Year-to-Date ▼	-				
	Primary General	7.99.094.0						
	Other (specify) ▼		390.00					
ь	Full Name (Last, First, Middle Initial)			Data of Bassist				
В.		outh.		Date of Receipt				
	Mailing Address 4885 Pheasant Court South			12 29 2006				
	City	State	Zip Code	Transaction ID: 13611018				
	Afton	MN	55001-9415	Amount of Each Receipt this Period				
	FEC ID number of contributing			231.00				
	federal political committee.	C		231.00				
	Name of Employer	Occupation	1	7				
	Minnesota Hospital Association	President	t					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	-	1232.00					
	Other (specify)		1202.00					
_	Full Name (Last, First, Middle Initial)							
C.	Mr. Mark Sonneborn			Date of Receipt				
	Mailing Address 2550 University Avene			M M / D D / Y Y Y Y				
	0.1	01-1-	7'- 0 - 1-	12 29 2006				
	City St. Paul	State MN	Zip Code	Transaction ID: 13611020				
		IVIIN	55114	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		120.00				
	Name of Employer Minnesota Hospital Associ-	Occupation						
	ation		sident of Information Services	<u>5</u>				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		820.00					
s	UBTOTAL of Receipts This Page (optional)			471.00				
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 155 / 226	
-			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 1	7
An	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Frank Lossi			Date of Receipt	_
	Mailing Address 200 First Street, SW			12 29 2006	
	City	State	Zip Code	Transaction ID: 13611031	
	Rochester	MN	55905-0001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		4000.00	
	Name of Employer Mayo Clinic	Occupation Director S	n State Government Relations		
	Receipt For:		e Year-to-Date ▼		
	Primary General	1.99.19		1	
	Other (specify)		4000.00		
 3.	Full Name (Last, First, Middle Initial) Mr. James F Hanko			Date of Receipt	
	Mailing Address 1300 Anne Street NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City				
	Bemidii	State MN	Zip Code	Transaction ID: 13611032	_
	-	IVIIN	56601-5103	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		90.91	
	Name of Employer North Country Regional Ho-	Occupation			
	spital		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		982.12		
	Other (specify)		002.12		
).	Full Name (Last, First, Middle Initial) Mr. Jack Breviu			Date of Receipt	
	Mailing Address 150 South Fifth Street			M M / D D / Y Y Y Y	
	City	State	Zip Code	1 2 2 9 2 0 0 6 Transaction ID: 13611035	
	Minneapolis	MN	55402-4200	Amount of Each Receipt this Period	_
	•		30402 4200	Amount of Each Heceipt this Feriod	i
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer Leonard, Street and Deina-	Occupation			
	rd, P.A.	Legal Co			
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General	' '	250.00		
	Other (specify) 🔻				
s	UBTOTAL of Receipts This Page (optional)			4215.91	<u></u>
т.	OTAL This Period (last page this line number o	nlv)			
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 156 / 226		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Any or fo	information copied from such Reports and Star r commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions		
<u> </u>	IAME OF COMMITTEE (In Full)					
<i>></i>	American Hospital Association PAC					
_	ull Name (Last, First, Middle Initial) fr. James F Hanko			Date of Receipt		
M	failing Address 1300 Anne Street NW			12 29 7 2006		
C	ity	State	Zip Code	Transaction ID: 13611036		
<u>E</u>	<u>Semidji</u>	MN	56601-5103	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	С		90.91		
<u>s</u>	lame of Employer lorth Country Regional Ho- pital leceipt For: Primary General Other (specify)		and Chief Executive Officer Year-to-Date ▼ 1073.03			
	ull Name (Last, First, Middle Initial) Ir. Ben Koppelman			Date of Receipt		
M	failing Address Albany Area Hospital 300 Third Avenue			12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	ity	State	Zip Code	Transaction ID: 13611037		
_	Albany	MN	56307	Amount of Each Receipt this Period		
F fe	EC ID number of contributing ederal political committee.	C		125.00		
Ŋ	lame of Employer Ilbany Area Hospital and	Occupation				
Λ	Medical Cente	Administr	••••	_		
Г	leceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00			
_	ull Name (Last, First, Middle Initial) fr. Daniel McInerney, Jr.			Date of Receipt		
N	failing Address 150 South Fifth Street Suite 2300			12 29 7 2006		
	ity	State	Zip Code	Transaction ID: 13611039		
_	<i>l</i> inneapolis	MN	55402-4200	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C		125.00		
L	lame of Employer eonard, Street & Deinard, A	Occupation Chair, He	alth Law Department			
Receipt For:		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		520.00			
SUI	BTOTAL of Receipts This Page (optional)			340.91		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 157 / 226
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciti solicit contributions from s	uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Carl P Vaagenes			Date of Receipt	
	Mailing Address 815 Second Street SE			12 / 29	2006
	City	State	Zip Code	Transaction ID: 136	
	Little Falls	MN	56345-3596	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer St. Gabriel's Hospital	Occupation President	n t and Chief Executive Office	r	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Stephen Baron			Date of Receipt	
	Mailing Address 7335 East Orchard Road Suite 100			12 / 29	2006
	City	State	Zip Code	Transaction ID: 136	
	Englewood	CO	80111-2582	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Colorado Hospital Associa-	Occupation	n		
	tion	Director			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			5. (5	
j.	Mr. Scott Anderson	.1		Date of Receipt	
	Mailing Address 7335 East Orchard Road	a		12 29	2006
	City	State	Zip Code	Transaction ID: 136	611129
	Greenwood Village	CO	80111-2582	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Colorado Hospital Associa-	Occupation Vice Pres	n sident of Professional Activit		
	tion Receipt For:		e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				375.00
				-	
T	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 158 / 226
ITEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater	nents may not be sold or used by any person	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ne and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Marty Arizumi		Date of Receipt
Mailing Address 7335 East Orchard Road #100		12 29 2006
City	State Zip Code	Transaction ID: 13611130
Englewood	CO 80111-2582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Colorado Hospital Associa	Occupation Vice President of Policy Analysis	1
11011	Aggregate Year-to-Date ▼	1
Primary General	500.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Peter D. Freytag		Date of Receipt
Mailing Address 151 West Oak Hills Drive	12 / 29 / 2006	
City	State Zip Code	Transaction ID: 13611131
Castle Rock	CO 80108-9260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Colorado Hospital Associa	Occupation	
tion	Vice President and COO	4
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) C. Ms. Sandy Merrill		Date of Receipt
Mailing Address 2776 E. Irish Place		12 29 2006
City	State Zip Code	Transaction ID: 13611132
Centennial	CO 80122-3321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
tion	Director of Education	_
	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
☐ Ottlet (specify) ♥		
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	625.00
TOTAL This Period (last page this line number only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Kevin Reed Mailing Address 1268 Pomegranate Lane	1		Date of Receipt 1 2 2 9 2 0 0 6
	City Golden	State CO	Zip Code 80401-9222	Transaction ID: 13611133
	FEC ID number of contributing federal political committee.	C	00401-9222	Amount of Each Receipt this Period 125.00
	Name of Employer Colorado Hospital Associa- tion Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n Data Bank Services e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Susan Rudy Mailing Address 7335 East Orchard Road Suite 100		ı		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13611134
	Englewood FEC ID number of contributing federal political committee.	CO	80111-2582	Amount of Each Receipt this Period 125.00
	Name of Employer Colorado Hospital Associa- tion Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ttor of Advocacy Services e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Janet Stephens			Date of Receipt
	Mailing Address 6014 Watson Drive			12 29 2006
	City Fort Collins	State CO	Zip Code	Transaction ID: 13611135
	FEC ID number of contributing federal political committee.	C	80528-8877	Amount of Each Receipt this Period 125.00
	Name of Employer Colorado Hospital Associa- tion		sident of Government Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			375.00
T	OTAL This Period (last page this line number or	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 160 / 226
	ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b] 11c 12
			, -	13 14	15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of solici solicit contributions from	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,		
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. John B. Day			Date of Receipt	
	Mailing Address 101 Page Street			12 29	2006
	City	State	Zip Code	Transaction ID: 13	611617
	New Bedford	MA	02740-3400	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Southcoast Hospitals Group	Occupation President	n t & Chief Executive Officer	1	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Mr Michael J Curran			Date of Receipt	
	Mailing Address 5565 Sterrett Place, 5th Floor			12 / 29	2006
	City	State	Zip Code	Transaction ID: 13	612428
	Columbia	MD	21044-2665	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer MedStar Health	Occupation Executive	n e Vice President and Chief Fi	n	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Christine Swearingen			Date of Receipt	
	Mailing Address 3022 Chestnut St.NW			M M / D D D 2 9	2006
	City	State	Zip Code	Transaction ID: 13	
	Washington	DC	20015-1408	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer MedStar Health	Occupation VP for Co	n prporate Strategic Planning	1	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional))		1000.00
Т	OTAL This Period (last page this line number o				

SCHEDULE A (FEC Form 3X)		Llee coparate cohodule(c)	FOR LINE NUMBER:	PAGE 161 / 226	
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b	11c
Ar	ny information copied from such Reports and Si	atements may	not be sold or used by any perso	13 14 n for the purpose of soliciti	15 16 17 ng contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Dr William L Thomas, , M.D.			Date of Receipt	
	Mailing Address 5565 Sterrett Place, 5th	n Floor		12 29	2006
	City	State	Zip Code	Transaction ID: 136	312430
	Columbia	MD	21044-2665	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer MedStar Health	Occupation Executive	n e Vice President Medical Affa	i	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) Ms. Janis Lee Bahner			Date of Receipt	
	Mailing Address 517 Brook Road		12 / 29	2006	
	City	State	Zip Code	Transaction ID: 136	312431
	Towson	MD	21286-5634	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer MedStar Health	Occupation Assistant	n t Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Eric Wagner			Date of Receipt	
	Mailing Address 7 West Windsor Avenu	е		12 / 29	2006
	City	State	Zip Code	Transaction ID: 136	312432
	Alexandria	VA	22301-1513	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer MedStar Health		sident, Managed Care		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)		·····		1250.00
Т	OTAL This Period (last page this line number of	only)	>		

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 162 / 226
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert J Ryan			Date of Receipt
	Mailing Address 5565 Sterrett Place, 5th	12 29 7 2006		
	City	State	Zip Code	Transaction ID: 13612433
	Columbia	MD	21044-2665	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MedStar Health	Occupation Vice Pres	n sident and General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr Michael C Rogers			Date of Receipt
	Mailing Address 5565 Sterrett Place, 5th	12 29 2006		
	City	State	Zip Code	Transaction ID: 13612434
	Columbia	MD	21044-2665	Amount of Each Receipt this Period
		IVID	21044 2005	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MedStar Health	Occupation Executive	n e Vice President Corporate S	ser
	Receipt For:		Year-to-Date ▼	1
	Primary General			1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			12 29 7 2006
	City	State	Zip Code	Transaction ID: 13612435
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Hospital Associa-	Occupation	า	7
	tion-Washingt	Vice Pres	sident Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	
	Other (specify) ▼		250.00	
_				
				1250.00
S	UBTOTAL of Receipts This Page (optional)		······	1250.00
1 -				

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 163 / 226
	MIZED RECEIPTS		or each category of the	(check only one)	1 🗆
	IMIZED HEGEN 10		Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
Anv	information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or fo	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\sqrt{}$	NAME OF COMMITTEE (In Full)				
<i>\</i>	American Hospital Association PAC				
۱. ا	Full Name (Last, First, Middle Initial) Dr. Todd Sorensen, , M.D.			Date of Receipt	
-	Mailing Address 4021 Avenue 'B'			12 29	2006
	City	State	Zip Code	Transaction ID: 13	
-	Scottsbluff	NE	69361-4602	Amount of Each Re	ceipt this Period
	FEC ID number of contributing ederal political committee.	C			250.00
	Name of Employer Regional West Medical Cen- ter	Occupation Chief Exe	n ecutive Officer		
_	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	1	
				1	
	Full Name (Last, First, Middle Initial) Ms. Joanne C. Smith, MD	Date of Receipt			
1	Mailing Address 345 East Superior Stree	12 29	2006		
(City	State	Zip Code	Transaction ID: 13	612494
_	Chicago	IL	60611-2654	Amount of Each Re	ceipt this Period
	FEC ID number of contributing dederal political committee.	C			500.00
	Name of Employer Rehabilitation Institute	Occupation	n t & Chief Executive Officer		
	of Chicago Receipt For:		Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial) Ms. Kathleen K DeVine			Date of Receipt	
1	Mailing Address 2875 West 19th Street			1 2 D D D 2 9	2006
	City	State	Zip Code	Transaction ID: 13	612495
_	Chicago	IL	60623-3501	Amount of Each Re	ceipt this Period
	FEC ID number of contributing ederal political committee.	С			500.00
<u> </u>	Name of Employer Saint Anthony Hospital	Occupation Chief Exe	n ecutive Officer		
Ī	Receipt For:		Year-to-Date ▼		
	Primary General		500.00	1	
_	Other (specify) ▼	0 0	300.00		
SU	BTOTAL of Receipts This Page (optional)				1250.00
			<u> </u>	-	
TO	TAL This Period (last page this line number or	าly))		

				_
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 226 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
7	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James M. Hohner			Date of Receipt
	Mailing Address 2159 W. Agatite			12 29 2006
	City	State	Zip Code	Transaction ID: 13612496
	Chicago	<u>IL</u>	60625-1705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Advocate Health Care	Occupation Director,	n Advocate Health Care Found	dat
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
В.	Full Name (Last, First, Middle Initial) Mr. Tony Mitchell			Date of Receipt
	Mailing Address 2025 Windsor Drive			12 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13612497
	Oak Brook	<u> </u>	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Advocate Health Care	Occupation VP, Com	n munications & Government	Relati
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Martin Manning			Date of Receipt
	Mailing Address 3013 Mary Kay Lane			1 2 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 13612498
	Glenview	IL	60026-1162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Advocate Health Care	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	450.00	
s	UBTOTAL of Receipts This Page (optional)			600.00
1 '				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. John Potter Mailing Address 430 Cobblestone Drive City Aurora FEC ID number of contributing federal political committee. Name of Employer Dreyer Medical Clinic Receipt For: Primary General Other (specify)	State IL C Occupation Presiden Aggregate		Date of Receipt M M M / 29 / 2006 Transaction ID: 13612499 Amount of Each Receipt this Period 200.00
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth L Smithmier Mailing Address 2300 North Edward Stree City Decatur FEC ID number of contributing federal political committee. Name of Employer Decatur Memorial Hospital Receipt For: Primary General	State IL C Occupation Presiden	t and Chief Executive Officer e Year-to-Date ▼	Date of Receipt M M M
C .	Full Name (Last, First, Middle Initial) Mr. Keith E Steffen Mailing Address 530 NE Glen Oak Avenu City Peoria FEC ID number of contributing federal political committee. Name of Employer OSF Saint Francis Medical	State IL C	Zip Code 61637-0001	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	Administ Aggregate	rator and Chief Executive Of e Year-to-Date ▼ 527.50	850.00
Т	OTAL This Period (last page this line number or	nlv)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. James M Moore Mailing Address 800 NE Glen Oak Aven City Peoria FEC ID number of contributing federal political committee. Name of Employer OSF Healthcare System Receipt For: Primary General Other (specify)	State IL C Occupation Chief Exe	Zip Code 61603-3255 n ecutive Officer e Year-to-Date ▼ 800.00	Date of Receipt M M / 29 / 2006 Transaction ID: 13612502 Amount of Each Receipt this Period 300.00
3.	Full Name (Last, First, Middle Initial) Mr. Mark R Neaman Mailing Address 1301 Central Street City Evanston FEC ID number of contributing federal political committee. Name of Employer Evanston Northwestern Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 60201-1613 n t and Chief Executive Officer e Year-to-Date ▼ 800.00	Date of Receipt M M A Z 9 Z 9 Z 0 0 6 Transaction ID: 13612503 Amount of Each Receipt this Period 300.00
D .	Full Name (Last, First, Middle Initial) Mr. Kevin P Poorten Mailing Address P O Box 707 City Dekalb FEC ID number of contributing federal political committee. Name of Employer Kish Health System Receipt For: Primary General Other (specify)		Zip Code 60115-0707 n t and Chief Executive Officer Year-to-Date ▼ 375.00	Date of Receipt M M / 29
s	UBTOTAL of Receipts This Page (optional)		······	725.00
T	OTAL This Period (last page this line number o	nlv)	.	

S	SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER:	PAGE 167 / 226
	ITEMIZED RECEIPTS		or each category of the	(check only one)	1
••	LIMIZED HEGEII 10		Detailed Summary Page	X 11a 11b 13	11c 12 15 16 17
۸۰	y information copied from such Reports and St	otomonto mo	, not be cold or used by any parce		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Brad Copple			Date of Receipt	
	Mailing Address P O Box 707			12 29	2006
	City	State	Zip Code	Transaction ID: 13	
	De Kalb	IL	60115-0707	Amount of Each Red	
	FEC ID number of contributing				
	federal political committee.	С			125.00
	Name of Employer Kishwaukee Community Hosp- ital	Occupation Administr			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		375.00		
	Other (specify)		373.00		
В.	Full Name (Last, First, Middle Initial) Mr. Robert G Senneff, , FACHE			Date of Receipt	
	Mailing Address 210 West Walnut Stree	et		M M / D D	/
	O't.	7'- 0 - 1-	12 29	2006	
	City	State	Zip Code	Transaction ID: 13	
	Princeton	IL	61520-2497	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Graham Hospital	Occupation			
			t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	800.00		
		0 0	0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Jesse P. Hall			Date of Receipt	
	Mailing Address 1948 Elmwood Avenue			12 29	2006
	City	State	Zip Code	Transaction ID: 13	
	Wilmette	IL	60091-1430	Amount of Each Red	
	FEC ID number of contributing				
	federal political committee.	C			125.00
	Name of Employer Highland Park Hospital	Occupation President			
	Receipt For:		Year-to-Date ▼		
	Primary General		075.00		
	Other (specify) ▼	0 0	375.00		
	UPTOTAL (D. 11 THE D. 11 THE				550.00
S	UBTOTAL of Receipts This Page (optional)		······		355.50
T	OTAL This Period (last page this line number of				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 168 / 226
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	ny information copied from such Reports and Stateme	nte mai	y not be sold or used by any perso	
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	·			
	Full Name (Last, First, Middle Initial)			Date of Bookint
Α.	Mr. Jeffrey L Durham Mailing Address P O Box 850			Date of Receipt
	Mailing Address P O BOX 850			12 29 2006
	City S	tate	Zip Code	Transaction ID: 13612509
	Metropolis IL	_	62960-0850	Amount of Each Receipt this Period
	FEC ID number of contributing	1		
	federal political committee.			125.00
	Name of Employer Massac Memorial Hospital Ch	cupation	า	
	Massac Memorial Hospital Ch	ief Exe	ecutive Officer	
		gregate	Year-to-Date ▼	
	Primary General	1	375.00	
	Other (specify) ▼		070.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1151 East Warrenville Road	12 29 2006		
	City S	tate	Zip Code	Transaction ID: 13612512
	Naperville IL		60563-9339	Amount of Each Receipt this Period
	FEO. ID combined for a till builting		00000 0000	
	FEC ID number of contributing federal political committee.	:		500.00
	Illinois Hospital Associa	cupation		
	1011		of Development • Year-to-Date ▼	
	Primary General	gregate	rear-to-date V	
	Other (specify)		1543.75	
_	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters. III			Date of Receipt
Ο.	Mailing Address 4109 Southwoods Road			M M / D D / Y Y Y Y
				12 29 2006
	•	tate	Zip Code	Transaction ID: 13612513
	Springfield IL		62707-6070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	. '		500.00
	rederal political confinitiee.			
	Illinois Hospital Associa-	cupatio		
	tion		ce President	
		gregate	Year-to-Date ▼	. [
	Primary General Other (specify)		1543.75	
	Other (specify)	1 1		
	1			
s	UBTOTAL of Receipts This Page (optional)			1125.00
Г				
T	OTAL This Period (last page this line number only))	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 169 / 226		
•			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Suffilliary Lage	13 14 15 16 17		
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perse	on for the purpose of soliciting contributions		
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to			
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt		
	Mailing Address 1151 E. Warrenville Ro	ad		12 29 2006		
	City	State	Zip Code	Transaction ID: 13612514		
	Naperville	IL	60563-9339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Illinois Hospital Associa- tion		sident, Finance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7		
	Other (specify) ▼	0 0	1543.75			
В.	Full Name (Last, First, Middle Initial) Ms. Teresa Hursey			Date of Receipt		
	Mailing Address 1151 East Warrenville	12 29 2006				
	City	State	Zip Code	Transaction ID: 13612515		
	Naperville	IL	60563-9339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres	n sident, Finance			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1543.75]		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer			Date of Receipt		
	Mailing Address 1755 Maple Lane			12 29 2006		
	City	State	Zip Code	Transaction ID: 13612516		
	Wheaton	IL	60187-3317	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Central DuPage Hospital	Occupation President				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1437.50			
s	UBTOTAL of Receipts This Page (optional)			1500.00		
\vdash	aga (optional)			-		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 170 / 226
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 1 13 14	11c 12 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciti	ng contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or any point and committee to		
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. John J. Raleigh			Date of Receipt	
	Mailing Address 1141 East Warrenville F	Road		1 2 / D D D 2 9	2006
	City	State	Zip Code	Transaction ID: 136	312517
	<u>Naperville</u>	<u>IL</u>	60563-1493	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	1250.00		
В.				Date of Receipt	
	Mailing Address 740 North Hayes		12 / 29	2006	
	City	State	Zip Code	Transaction ID: 136	312518
	Oak Park	IL	60302-1706	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion Receipt For:		General Counsel e Year-to-Date ▼	_	
	Primary General	Aggregate	Teal to Bate V	1	
	Other (specify) ▼	0 0	945.88		
C.	Full Name (Last, First, Middle Initial) Mr. Kenneth L Smithmier			Date of Receipt	
	Mailing Address 2300 North Edward Stre	et		12 29	2006
	City	State	Zip Code	Transaction ID: 136	312520
	Decatur	IL	62526-4192	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Decatur Memorial Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
s	UBTOTAL of Receipts This Page (optional)				1250.00
Т	OTAL This Period (last page this line number or	nly))		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 171 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
A .	Full Name (Last, First, Middle Initial) Ms. Terri L. Allen Mailing Address 1151 East Warrenville R	load		Date of Receipt		
	City	State	Zip Code	1 2 2 9 2 0 0 6 Transaction ID: 13612535		
	<u>Naperville</u>	IL	60563-9339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		12.50		
	Name of Employer Illinois Hospital Associa- tion		Manager			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00			
3.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus	Date of Receipt				
	Mailing Address 1151 E. Warrenville Roa	12 29 / 4 2006				
	City Naperville	State	Zip Code 60563-9339	Transaction ID: 13612537		
	FEC ID number of contributing federal political committee.	C	60363-9339	Amount of Each Receipt this Period 31.25		
	Name of Employer Illinois Hospital Associa- tion		sident, Finance			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1575.00			
D.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt		
	Mailing Address 740 North Hayes			12 29 2006		
	City Oak Park	State II	Zip Code 60302-1706	Transaction ID: 13612541 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	3332 1700	20.83		
	Name of Employer Illinois Hospital Associa- tion		General Counsel			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 966.71			
S	UBTOTAL of Receipts This Page (optional)			64.58		
T	OTAL This Period (last page this line number or	nly)				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 172 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)	□ 44. □ 45
			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt	
	Mailing Address 1151 East Warrenville R	load		M M / D D	
	City.	C+-+-	Zin Cod-	12 29	
	City Naperville	State II	Zip Code 60563-9339	Transaction ID: 1 Amount of Each R	
	FEC ID number of contributing		00000 0000	Amount of Each R	· · · · · ·
	federal political committee.	C			31.25
	Name of Employer Illinois Hospital Associa-	Occupation Director	n of Development		
	tion Receipt For:		e Year-to-Date ▼	1	
	Primary General	1 1	1575.00	1	
	Other (specify) ▼		1373.00		
3.	Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd.	1 2 2 9			
	City	State	Zip Code	Transaction ID: 1	3612543
	Naperville	IL	60563-9339	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			10.42
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion	<u> </u>	Human Resources e Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate		ıl	
	Other (specify)		354.28		
	Full Name (Last, First, Middle Initial) Ms. Barbara Filliung			Date of Receipt	
	Mailing Address 1013 59th Street			M M / D D	
		.		12 29	
	City Lisle	State IL	Zip Code	Transaction ID: 1	
			60532-3122	Amount of Each R	-
	FEC ID number of contributing federal political committee.	C			10.42
	Name of Employer Illinois Hospital Associa-	Occupation		7	
	tion	· · · · · · ·	Government Relations	4	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.1	
	Other (specify) ▼		354.28		
S	UBTOTAL of Receipts This Page (optional)		>		52.09
T	OTAL This Period (last page this line number or	nly))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 173 / 226	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	_
^ -	information and formation Broad and Old				7
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Brian Foster			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			12 29 2006	
	City	State	Zip Code	Transaction ID: 13612545	
	Naperville	IL	60563-9339	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		20.83	
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General	1 1	716.72		
	Other (specify) ▼		710.72		
3.	Full Name (Last, First, Middle Initial) Ms. Tamara Lynn Gamrat			Date of Receipt	
	Mailing Address 1911 Hamilton Street	12 / 29 / 2006			
	City	State	Zip Code	Transaction ID: 13612546	
	Murphysboro	IL	62966-1519	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		7.81	
	Name of Employer St. Joseph Memorial Hospi-	Occupation	n	7	
	tal	Administ			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		265.70		
Э.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			12 29 2006	
	City	State	Zip Code	Transaction ID: 13612548	
	Naperville	<u> </u>	60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.83	
	Name of Employer Illinois Hospital Associa-	Occupation		7	
	tion	l	t Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	716.71		
	□ Other (Specify) ♥				_
s	UBTOTAL of Receipts This Page (optional)			49.47	
_	OTAL This Period (last page this line number or	alsa)			
	UIAL THIS FEHOU (last page this line humber or	пу <i>)</i>	······································		

SCHEDULE A (FEC Form 3X)		Llas senerate sehedule(s)	FOR LINE NUMBER: PAGE 174 / 226	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Staten	nents may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Ed Holzhauer			Date of Receipt
	Mailing Address 1755 Maple Lane			M M / D D / Y Y Y
	0	<u> </u>	7. 0.1	12 29 2006
	City	State	Zip Code	Transaction ID: 13612552
	Wheaton	IL .	60187-3317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		37.50
	Name of Employer	Occupation	<u> </u>	\dashv
	Central DuPagé Hospital	resident		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	1475.00	1
	Other (specify)	0 0	1473.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1151 East Warrenville Roa	12 29 2006		
	City	State	Zip Code	Transaction ID: 13612553
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		31.25
	Name of Employer	Occupation	1	+
	Illinois Hospital Associa-	•	sident, Finance	
		Aggregate	Year-to-Date ▼	
	Primary General	-	1575.00	1
	Other (specify) ▼	1 1	1373.00	
	Full Name (Last, First, Middle Initial)			+
C.	Ms. Susan Kaufman			Date of Receipt
	Mailing Address 1151 E. Warranville Rd.			12 29 2006
	City	State	Zip Code	Transaction ID: 13612555
	<u>Naperville</u>	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing	С		10.50
	federal political committee.	•		
	Illinois Hospital Associa-	occupation (7
	tion		Vice President	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		357.00	
	•	79.25		
S	UBTOTAL of Receipts This Page (optional)		·······	79.25
	OTAL This Davis defeates a state for a second			
1 1	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 226 (check only one) X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis Mailing Address 1151 East Warrenville F City Naperville FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association	State IL C	Zip Code 60563-9339 n Government Relations	Date of Receipt M M
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 354.28	
3.	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges Mailing Address 1151 E. Warrenville Roa PO Box 3015 City Naperville FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)	State IL C Occupation Vice Pres		Date of Receipt M M M
	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III Mailing Address 4109 Southwoods Road City Springfield FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)	State IL C Occupation Senior Vi	Zip Code 62707-6070 n ice President e Year-to-Date ▼ 1575.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional))	72.92
т	OTAL This Period (last page this line number of	nlv)	b	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 226 (check only one) X
Ar or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins Mailing Address 1531 Maria Court City Wheaton FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State IL C Occupation President Aggregate		Date of Receipt M M M / 29 / 2006 Transaction ID: 13612565 Amount of Each Receipt this Period 31.25
3.	Mr. Neil Cotter Mailing Address 5878 Stonebridge Circle City Milford FEC ID number of contributing federal political committee. Name of Employer Brown County General Hospital Receipt For: Primary General Other (specify)		Zip Code 45150-2696 n of Plant Operations 2 Year-to-Date ▼	Date of Receipt M M M / 29 / 2 0 0 6 Transaction ID: 13614321 Amount of Each Receipt this Period 125.00
C .	Full Name (Last, First, Middle Initial) Mr. Albert L. Alexander Mailing Address P.O. Box 2830 City Daytona Beach FEC ID number of contributing federal political committee. Name of Employer Halifax Fish Medical Systm Receipt For: Primary General Other (specify)		Zip Code 32120-2830 n man Resources Officer e Year-to-Date ▼ 250.00	Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional)			406.25
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 177 / 226	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Staten	nents may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Δ	Full Name (Last, First, Middle Initial) Mr. Douglas Baer			Date of Receipt
۸.	Mailing Address 77 Tallwood Road			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13617496
	Jacksonville	FL	32250-2924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Procks Dobabilitation Hos	Occupation		7
	pital		and Chief Operating Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Calci (cposity) V	1 1		
В.	Full Name (Last, First, Middle Initial) Dr Brad Bjornstad, , M.D.			Date of Receipt
	Mailing Address 3100 East Fletcher Avenue	1 2 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13617498
	Tampa	FL	33613-4613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	University Community Hosp-	occupation	n sident Medical Officer	
	itai		Year-to-Date ▼	
	Primary General	00 0		
	Other (specify) ▼	0 0	250.00	
C	Full Name (Last, First, Middle Initial) Mr. Daniel Carlson			Date of Receipt
٥.	Mailing Address 9939 Santa Barbara Court			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13617500
	Howey In The Hills	FL	34737-5003	Amount of Each Receipt this Period
		C		250.00
	Lacabura Dágiánal Madical	occupation		
	Center		sident, Medical Affairs	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
		1 1		
s	UBTOTAL of Receipts This Page (optional)			600.00
F	1			
т	OTAL This Period (last page this line number only)		>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 178 / 226		
ITEMIZED RECEIPTS			or each category of the	(check only one)	, <u> </u>	
TEMIZED RESERVES			Detailed Summary Page	X 11a 11b	11c 12	
A . (, not be cold or used by one norse	13 14	15 16 17	
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
\angle	·					
	Full Name (Last, First, Middle Initial)			Data of Data int		
Α.	Mr Frank L Davis Mailing Address 1242 Harbour Point Dri	.,,		Date of Receipt	, , , , ,	
	T242 Harbour Point Dri	ve		12 20	2006	
	City	State	Zip Code	Transaction ID: 13	617504	
	Port Orange	FL	32127-5608	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing				500.00	
	federal political committee.	C			300.00	
	Name of Employer	Occupation	 1	-		
	Name of Employer Hospice of Palm Beach Cou- nty		ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		300.00			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 303 North Clyde Morris	M M / D D	/ Y			
				12 20	2006	
	City State		Zip Code	Transaction ID: 13617505		
	Daytona Beach	<u>FL</u>	32114-2709	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Halifax Community Health	Occupation				
	System		chnology Officer	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)		500.00			
			0 0 0 0 0 0 0	1		
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Jeff Feasel			Date of Receipt		
	Mailing Address 303 North Clyde Morris	Blvd		12 20	2006	
	City	State	Zip Code	Transaction ID: 13		
	Daytona Beach	FL	32114-2709	Amount of Each Re		
	FEC ID number of contributing				 	
	federal political committee.	C			250.00	
	Name of Employer	Occupation	<u> </u>	\dashv		
	Halifax Community Health System		ecutive Officer			
	Receipt For:		e Year-to-Date ▼	7		
	Primary General		250.00	1		
Other (specify) ▼			250.00			
_						
_	IIDTOTAL «CD-sedets Title Decedes to the con-		1250.00			
L	UBTOTAL of Receipts This Page (optional)		······			
_	OTAL This Period (last page this line number of	only)	b			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 179 / 226		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17	
Δι	ny information copied from such Reports and Statement	te mai	y not he sold or used by any perso		17
or	for commercial purposes, other than using the name at	nd add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle					
Α.	Full Name (Last, First, Middle Initial) Mr. William A Giudice			Date of Receipt	
Α.	Mailing Address 1300 Miccosukee Road			M M / D D / Y Y Y Y	
	Maining Address 1500 Milcosukee Hoad			12 20 2006	
	City Sta	ate	Zip Code	Transaction ID: 13617509	
	<u>Tallahassee</u> FL	-	32308-5093	Amount of Each Receipt this Period	
	FEC ID number of contributing			075.00	\neg
	federal political committee.			375.00	
	Name of Employer Tallahassee Memorial Heal-	upation	١	7	
	thCare Chie	ef Fin	ancial Officer and Vice Presi		
	Receipt For: Agg	regate	Year-to-Date ▼		
	Primary General		562.50		
	Other (specify) ▼	0	302.30		
_	Full Name (Last, First, Middle Initial)			Data of Baselat	
В.	Mr. Timothy J Goldfarb			Date of Receipt	
	Mailing Address P O Box 100326			12 20 2006	
	City Sta	ate	Zip Code	Transaction ID: 13617510	
	Gainesville FL		32610-0326	Amount of Each Receipt this Period	
	FFO ID south as a Countribution		1 1 1 1 1 1		\neg
	federal political committee.	١.		500.00	
	Shande at the University	upation			
	of Florida Crite		ecutive Officer Year-to-Date	_	
	Receipt For: Agg Primary General	regale	Teal-lo-Dale ♥		
	Other (specify)		1000.00		
_	Full Name (Last, First, Middle Initial) Mr. Lars Houmann			Date of Receipt	
٥.	Mailing Address 601 East Rollins Street			M M / D D / Y Y Y Y	
				12 20 2006	
	City Sta		Zip Code	Transaction ID: 13617511	
	Orlando FL	-	32803-1248	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee	· ·		500.00	
	federal political committee.				_
	Name of Employer Occu Florida Hospital	upation	1	7	
	Pres	sident	İ		
		regate	Year-to-Date ▼		
	Primary General		750.00		
	Other (specify) ▼	0	700.00		
Г	L				$\overline{}$
s	UBTOTAL of Receipts This Page (optional)			1375.00	
			•		П
т	OTAL This Period (last page this line number only)		>		_

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 180 / 226
TEMIZED RECEIPTS			or each category of the	(check only one)	🗖
			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	uch committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Kathryn Hughes			Date of Receipt	
	Mailing Address 12 Hammock Beach Par			12 20	2006
	City	State	Zip Code	Transaction ID: 136	
	Palm Coast	FL	32137-0303	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Halifax Community Health	Occupation Chief Ma	n rketing Officer		
	System Receipt For:		e Year-to-Date ▼		
	Primary General				
	Other (specify) ▼		250.00		
3.	Full Name (Last, First, Middle Initial) Dr. Donald L Jernigan, , Ph.D.			Date of Receipt	
	Mailing Address 111 North Orlando Aven	12 / 20	2006		
	City	State	Zip Code	Transaction ID: 136	17514
	Winter Park	FL	32789-3675	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Adventist Health System	Occupation			
	Sunbelt Health		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1000.00		
 C.	Full Name (Last, First, Middle Initial) Ms. Karen Late, MHS			Date of Receipt	
	Mailing Address 444 North Capitol Street	, NW		M M / D D .	/ Y Y Y Y
	Suite 532			12 20	2006
	City	State	Zip Code	Transaction ID: 136	
	Washington	DC	20001-1512	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			45.00
	Name of Employer Florida Hospital Associat-	Occupation			
	ion		Federal Advocacy		
	Receipt For:	Aggregate	e Year-to-Date ▼	.]	
	Primary General Other (specify)		545.00		
	Strict (opcoris)	0 0	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)		·····		1295.00
T	OTAL This Period (last page this line number or	ılv)			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 181 / 226	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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Λ	we information against from auch Departs and Ct	, not be cold or upod by any nares	13 14	15 16 17	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle	'				
	Full Name (Last, First, Middle Initial)			5	
Α.	Mr. Arvin Lewis			Date of Receipt	
	Mailing Address 778 Foxhound Drive			12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Port Orange	FL	32128-7003	Amount of Each Re	
	FEC ID number of contributing			7 1111001111 01 20011 110	
	federal political committee.	C			250.00
	Name of European	I O			
	Name of Employer Halifax Community Health	Occupation Administration			
	System Receipt For:		Year-to-Date ▼		
	Primary General	Aggregate	Teal to Date ¥		
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
В.	·			Date of Receipt	
	Mailing Address 1250 South 18th Street			12 20	2006
	City	State	Zip Code	Transaction ID: 13	
	Fernandina Beach	FL	32034-3098	Amount of Each Re	
			02004 0000	Amount of Laciffie	
	FEC ID number of contributing federal political committee.	C			250.00
		-			
	Name of Employer Baptist Medical Center Na-	Occupation Administration			
	ssau Receipt For:	1	Year-to-Date V	_	
	Primary General	Aggregate	: Teal-to-Date ♥		
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)			_	
C.	Mr. Emil P Miller			Date of Receipt	
	Mailing Address P O Box 565002, Mail S	Stop 1		12 20	2006
City Rockledge FEC ID number of contributing federal political committee.		State	Zip Code	Transaction ID: 13	
		FL	32956-5002	Amount of Each Re	
				7 IIII GAIN GI ZUGII I I G	
		C			45.00
	Name of Employer			_	
	Wuesthoff Medical Center -	Occupation	it and Chief Executive Officer		
Rockledge Receipt For: Primary General			Year-to-Date ▼		
		7.99.094.0	Tour to Buto V		
Other (specify)			245.00		
			<u> </u>		F45.00
s	UBTOTAL of Receipts This Page (optional)				545.00
			<u> </u>		
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 182 / 226
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Phillis Oeters			Date of Receipt
	Mailing Address 6855 Red Road, Suite 6			12 20 6
	City	State	Zip Code	Transaction ID: 13617531
	Miami	FL	33143-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Health South Flor- ida	Occupation Corporat	n e Vice President Governmer	ut an
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr Christain C Patrick, , M.D., Ph			Date of Receipt
	Mailing Address 3100 SW 62nd Avenue			12 20 7 2006
	City	State	Zip Code	Transaction ID: 13617532
	Miami	<u>FL</u>	33155-3009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Miami Children's Hospital	Occupation Chief Me	ⁿ dical Officer and Senior Vice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Eric Peburn			Date of Receipt
	Mailing Address 7 Fairvinds Circle			12 2006
	City	State	Zip Code	Transaction ID: 13617533
	Ormond Beach	FL	32176-2195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Halifax Community Health System	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	800.00

3	JOEDOLE A CEEGEOUU SAL			FOR LINE NUMBER: PAGE 183 / 226		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	y information copied from such Reports and St	atemente may	y not be sold or used by any person			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr Joe Petrock			Date of Receipt		
	Mailing Address 303 North Clyde Morris	Blvd		1 2 2 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13617534		
	Daytona Beach	FL	32114-2709	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Halifax Community Health System Receipt For: Primary General Other (specify)		Dommunity Relations Year-to-Date ▼ 250.00]		
— В.	Full Name (Last, First, Middle Initial) Ms. Mary Alice Phelan			Date of Receipt		
	Mailing Address 2970 St. Johns Avenue #5D	12 DD / YYYYY 2006				
	City	State	Zip Code	Transaction ID: 13617535		
	Jacksonville	FL	32205-8729	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer St. Vincent's Medical Center Receipt For: Primary General Other (specify)		Community Relations Year-to-Date 300.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr Harry Reese			Date of Receipt		
•	Mailing Address 303 North Clyde Morris	Blvd		12 20 2006		
	City	State	Zip Code	Transaction ID: 13617538		
	Daytona Beach	FL	32114-2709	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Halifax Community Health System Receipt For: Primary General Other (specify) ▼		ancial Officer Year-to-Date ▼ 250.00			
s	UBTOTAL of Receipts This Page (optional)			550.00		

SCHEDUL	E A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		3
	RECEIPTS		or each category of the Detailed Summary Page	(check only one	11b 11c 12	747
Any information	copied from such Reports and State ial purposes, other than using the n	itements may	not be sold or used by any perso	n for the purpose	14 15 16 contributions	17
	COMMITTEE (In Full)	arrie ariu auc	iless of any political committee to	Solicit Continuation	ns nom such committee.	-
\	Hospital Association PAC					
Mr. William				Date of Rec	ceipt	
	ress 9231 S.W. 42nd Lane			1 2	20 2006	
City <u>Gainesvill</u>	e	State FL	Zip Code 32608-4171		n ID: 13617539 Each Receipt this Period	
FEC ID nun	nber of contributing cal committee.	С	1 1 1 1 1		250.00	
Name of En Shands Hea	nployer althCare	Occupation Sr. VP &	n Treasurer/Finance			
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 500.00			
3. Mr Paul M R				Date of Rec	ceipt	
Mailing Add	ress 1600 SW Archer Road			12	20 7 2006	
City		State	Zip Code	Transaction	n ID: 13617540	
<u>Gainesvill</u>	<u>e</u>	FL	32610-0326	Amount of I	Each Receipt this Period	
	nber of contributing cal committee.	C			500.00	
Name of En Shands Hea	nployer althCare	Occupation Senior Vi	n ce President and General Co	oun		
Receipt For	:		Year-to-Date ▼			
Prima Other	ry General (specify) ♥	0 0	1000.00			
Full Name (Last, First, Middle Initial)			Date of Red	ceint	
Mailing Add				M M /	20 2006	
City		State	Zip Code		n ID: 13617542	1
Ormond E	Beach	FL	32174-2527	Amount of I	Each Receipt this Period	
	nber of contributing cal committee.	С			500.00	
Name of En Halifax Con	nployer Imunity Health	Occupation Administr				
System Receipt For	:		Year-to-Date ▼			
Prima		39.73	500.00			
SUBTOTAL o	f Receipts This Page (optional))		1250.00	
TOTAL This I	Period (last page this line number o	nly)				

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 185 / 226
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Charles A Schauer, , Ph.D.			Date of Receipt
	Mailing Address 3599 University Blvd Sc	uth		12 20 2006
	City	State	Zip Code	Transaction ID: 13617543
	Jacksonville	FL	32216-4211	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Brooks Rehabilitation Hos-	Occupation President		
	pital Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Rhonda Sherrod			Date of Receipt
	Mailing Address 1100 SW 11th Street			M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: 13617544
	<u>Live Oak</u>	FL	32060-3608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer	Occupation	1	
	Shands at Live Oak	1	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		000.00	
_	Full Name (Last, First, Middle Initial)			Detect Descript
C.	Mr Edward Simpson Mailing Address 4626 Harbour Village B	vd		Date of Receipt
	Mailing Address 4626 Harbour Village B	12 20 2006		
	City	State	Zip Code	Transaction ID: 13617545
	Ponce Intel	FL	32117	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.			
	Name of Employer Halifax Community Health	Occupation CEO	١	
	System Receipt For:		Voor to Dato	_
	Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	250.00	
			0 0 0 0 0 0 0	1
	I			
ء	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	ago (optional)			-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 186 / 226				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
\vdash	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield			Date of Receipt				
	Mailing Address 1717 North 'E' Street, St	te 320		12 20 20 2006				
	City	State	Zip Code	Transaction ID: 13617548				
	Pensacola	FL	32501-6377	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer Baptist Health Care Corpo- ration	Occupation President						
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify) ▼	0 0	1000.00					
В.	Full Name (Last, First, Middle Initial) Mr. William E. Woeltjen			Date of Receipt				
	Mailing Address 1020 Sonato Lane	12 20 2006						
	City	Transaction ID: 13617553						
	Apollo Beach	FL	33572-2727	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Sacred Heart Health System	Occupation Vice Pres						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General							
	Other (specify) ▼		250.00					
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Alan D Knight, , CHE			Date of Receipt				
	Mailing Address 275 Sandwich Street			1 2 2 1 2 0 0 6				
	City	State	Zip Code	Transaction ID: 13618867				
	Plymouth	MA	02360-2183	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Jordan Hospital	Occupation Presiden	n t and Chief Executive Office					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
s	UBTOTAL of Receipts This Page (optional)			1600.00				
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 187 / 226
· ·			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David W Benfer, , FACHE			Date of Receipt
	Mailing Address 1450 Chapel Street			1 2 2 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 13619483
	New Haven	CT	06511-4405	Amount of Each Receipt this Period
			333	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hospital of Saint Raphael	Occupation President	n t and Chief Executive Office	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Clark R. Cosse, III			Date of Receipt
	Mailing Address 9521 Brookline Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13620695
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer	Occupation	n	
	Louisiana Hospital Association	Vice Pres	sident, Legal & Government	Aff
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ralph Dean			Date of Receipt
٠.	Mailing Address 1401 Foucher Street			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13620696
	New Orleans	LA	70115-3515	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Touro Infirmary	Occupation Senior Vi	n ce President	
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash			·	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 188 / 226	
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)	, <u> </u>
TI LIMIZED TIEGEN TO				X 11a 11b	11c 12
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicities solicities solicities solicities solicities from the solicities of solicities and solicities solicities and solicities solicities and solicities solicities and solicities are solicities and solicities are solicities and solicities and solicities are solicities and solicities are solicities and solicities are solicities and solicities are solicities and solicities are solicities and solicities are solicities and solicities are solicities are solicities and solicities are solicitie	ling contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in order 1 roopital 7 lood district 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. James K Elrod			Date of Receipt	
	Mailing Address 2600 Greenwood Road			12 29	2006
	City	State	Zip Code		
	Shreveport	LA	71130-2600	Transaction ID: 13	
	•	LA	71130-2000	Amount of Each Re	ceipi inis Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Willis-Knighton Health Sy-	Occupation			
	stem		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	500.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Erie J. Hebert, Jr., FAHCE			Date of Receipt	
	Mailing Address 1101 Medical Center BI	vd.		M M / D D	/ Y
				12 29	2006
	City	State Zip Code		Transaction ID: 13	620698
	Marrero	LA	70072-3191	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.	0			
	Name of Employer West Jefferson Medical Ce-	Occupation	า		
	West Jefferson Medical Ce- nter	Senior Vi	ce President		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
	E HAN GO A EL ANGUELLO DE				
C.	Full Name (Last, First, Middle Initial) Mr. Leslie D Hirsch, , FACHE			Date of Receipt	
•	Mailing Address 1401 Foucher Street			M M / D D	/ Y
	The first of the control of the cont			12 29	2006
	City	State	Zip Code	Transaction ID: 13	620699
	New Orleans	LA	70115-3515	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				500.00
Touro Rehabilitátion Cent- er Presi		<u> </u>			300.00
		Occupation	า		
			t and Chief Executive Officer		
			Year-to-Date ▼	7	
			500,00		
Other (specify) ▼			500.00		
					1500.00
s	UBTOTAL of Receipts This Page (optional)		·····		1500.00
T	OTAL This Period (last page this line number of	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 189 / 226 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William R Holman, , CHE Mailing Address P O Box 2511	Chata	7in Onda	Date of Receipt 1 2 2 9 2 0 0 6
	City Baton Rouge	State LA	Zip Code 70821-2511	Transaction ID: 13620700 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70021 2311	500.00
	Name of Employer Baton Rouge General Medic- al Center Receipt For: Primary General Other (specify)	1	t and Chief Executive Officer Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Mr. Mark E Marley, , CHE Mailing Address P O Box 2009			Date of Receipt 1 2 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 13620701
	Natchitoches	LA	71457-2009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Natchitoches Regional Medical Center Receipt For: Primary General Other (specify)		ecutive Officer Year-to-Date 500.00	
 D.	Full Name (Last, First, Middle Initial) Dr. Mark J Peters, , M.D.			Date of Receipt
	Mailing Address 4200 Houma Boulevard			12 29 2006
	City	State	Zip Code	Transaction ID: 13620702
	Metairie FEC ID number of contributing federal political committee.	C	70006-2970	Amount of Each Receipt this Period 500.00
	Name of Employer East Jefferson General Hospital Receipt For: Primary General		n t and Chief Executive Officer Year-to-Date ▼	
	Other (specify) ▼		1000.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
Т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Harana and a shark late (s)	FOR LINE NUMBER: PAGE 190 / 226
-		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA			Date of Receipt
	Mailing Address 9521 Brookline Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13620703
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Louisiana Hospital Associ-	Occupation	n ce President	
	ation Receipt For:	1	Year-to-Date ▼	
	Primary General	199.194		1
	Other (specify) ▼	1	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas J Stone, , CHE			Date of Receipt
	Mailing Address P O Drawer 1368			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: 13620704
	Ruston	LA	71273-1368	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			556.55
	Name of Employer	Occupation	1	7
	Lincoln General Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		650.00	1
	Other (specify)		030.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Karen Sue Zoeller			Date of Receipt
	Mailing Address 9521 Brookline Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13620705
	Baton Rouge	LA	70809-1431	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			300.00
	Name of Employer Louisiana Hospital Associ-	Occupation		
	ation	Vice Pres		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		500.00	
	□ Strict (Specify) ♥			1
	I			
ء	UBTOTAL of Receipts This Page (optional)			1500.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 191 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Alfred Abunza			Date of Receipt
	Mailing Address 1101 Medical Center Bo	ulevard		12 / 29 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13620706
	Marrero	LA	70072-3147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Jefferson Medical Ce- nter	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth E Alexander			Date of Receipt
	Mailing Address 8595 United Plaza Boule	12 29 7 2006		
	City	State	Zip Code	Transaction ID: 13620707
	Baton Rouge	LA	70809-2251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH Rehabilitation	Occupation		
	Hospital of Receipt For:		ecutive Officer e Year-to-Date ▼	_
	Primary General	riggrogate		1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Theresa Anderson			Date of Receipt
	Mailing Address 1101 Medical Center Blv	rd.		12 29 7 2006
	City	State	Zip Code	Transaction ID: 13620708
	Marrero	LA	70072-3191	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Jefferson Medical Ce- nter	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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- 1	OTAL This Period (last page this line number or	пу)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 192 / 226
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Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
Α.	Mr James P Barbuat			Date of Receipt
	Mailing Address P O Box 1389			12 29 2006
	City	State	Zip Code	Transaction ID: 13620709
	Opelousas	LA	70571-1389	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Opelousas General Health	Occupation	1	
	System	Vice Pres	sident Financial Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	J
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address P O Box 4027			12 29 2006
	City	State	Zip Code	Transaction ID: 13620710
	<u>Lafayette</u>	LA	70502-4027	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Our Lady of Lourdes Regio-	Occupation	<u> </u>	
	Our Lady of Lourdes Regional Medical C	President	t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. James E Cathey			Date of Receipt
	Mailing Address P O Box 2668			12 29 2006
	City	State	Zip Code	Transaction ID: 13620711
	Hammond	LA	70404-2668	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			200.00
	Name of Employer North Oaks Medical Center	Occupation		
			ecutive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
	Other (Specify) \	0 0	0 0 0 0 0 0	1
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٥	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 193 / 226		
	`		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ly information copied from such Reports and Si for commercial purposes, other than using the	atements may name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Dr. John J. Finn, Ph.D.			Date of Receipt		
	Mailing Address 417 Magnolia Lane			12 29 2006		
	City	State	Zip Code	Transaction ID: 13620712		
	Mandeville	LA	70471-1646	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Metropolitan Hospital Cou- ncil of New O	Occupation President				
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	7		
	Other (specify) ▼	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Conrad G Flowers			Date of Receipt		
٥.	Mailing Address 1900 Main Street			M M / D D / Y Y Y Y		
		12 29 2006				
	City	State	Zip Code	Transaction ID: 13620713		
	Franklinton	LA	70438-3688	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Riverside Medical Center	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Ellen M Jones			Date of Receipt		
	Mailing Address P O Box 3401			12 29 2006		
	City	State	Zip Code	Transaction ID: 13620714		
	Lake Charles	LA	70602-3401	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer CHRISTUS St. Patrick Hosp- ital of Lake	Occupation President	n t and Chief Executive Office	er		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
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s	UBTOTAL of Receipts This Page (optional)			750.00		
Т	OTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 194 / 226
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Cliff LeBlanc			Date of Receipt
Mailing Address 2400 Hospital Drive			12 29 / 2006
City Bossier City	State LA	Zip Code 71111-2385	Transaction ID: 13620715 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Willis-Knighton Bossier Health Center	Occupation Administ		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Mitchell Leckelt			Date of Receipt
Mailing Address 1101 Medical Center Bl			12 29 2006
City	State	Zip Code	Transaction ID: 13620716
<u>Marrero</u>	LA	70072-3191	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer West Jefferson Medical Ce-	Occupation Senior D		
nter Receipt For:		e Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. Ms. Dee LeJeune			Date of Receipt
Mailing Address 1125 West Highway 30			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13620717
Gonzales	LA	70737-5004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St. Elizabeth Hospital		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 195 / 226
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of solic solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	American Hospital Accountion 1 Acc				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Phyllis Peoples, , MSN, R.N			Date of Receipt	
	Mailing Address P O Box 6037			1 2 2 9	
	City	State	Zip Code		
	Houma	LA	70361-6037	Transaction ID: 13	
		LA	70301-0037	Amount of Each Re	eceipi inis Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Terrebonne General Medical	Occupation			
	Center		and Chief Executive Officer	·	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)	0 0	1 1 1 1 1 1 1		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 644 Apache Drive			M M / D D	
	<u> </u>			12 29	
	City	State	Zip Code	Transaction ID: 13	3620719
	Abita Springs	LA	70420-3331	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer Louisiana Hospital Associ-	Occupation	1		
	Louisiana Hospital Associ- ation	VP, Healt	th Economics & Decision Su	ppor	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	500.00		
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial)				
C.	Mr. Chris Vidrine			Date of Receipt	
	Mailing Address 9521 Brookline Avenue			M M / D D	/ Y Y Y Y
				12 29	2006
	City	State	Zip Code	Transaction ID: 13	3621280
	Baton Rouge	LA	70809-8409	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			212.50
	federal political committee.				
	Name of Employer Louisiana Hospital Associ-	Occupation	1	7	
	Louisiana Hóspital Associ- ation	Policy An	alyst		
ation		Aggregate	Year-to-Date ▼		
	Primary General		212.50	1	
Other (specify) ▼			212.30		
1.					712.50
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>		7 12.50
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ΙŢ	OTAL This Period (last page this line number or	ııy)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 196 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Susan Tudor			Date of Receipt
	Mailing Address 3330 Masonic Drive			12 29 2006
	City	State	Zip Code	Transaction ID: 13621281
	Alexandria	LA	71301-3841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Christus St. Frances Cabr- ini Hospital	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	7
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Ms. Marcia Fries			Date of Receipt
	Mailing Address 9521 Brookline Avenue	•		12 29 2006
	City	State	Zip Code	Transaction ID: 13621300
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Louisiana Hospital Associ-	Occupation		
	ation		cy Preparedness Manager	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
	Carici (specify)	0 0		4
С.	Full Name (Last, First, Middle Initial) Mr. Gary Kaplan			Date of Receipt
	Mailing Address 1100 Ninth Avenue			12 29 2006
	City	State	Zip Code	Transaction ID: 13625875
	Seattle	WA	98101-2799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Virginia Mason Medical Ce-	Occupation	n	
	nter		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		1
s	UBTOTAL of Receipts This Page (optional)			575.00
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Ιт	OTAL This Period (last page this line number of	only)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 197 / 226
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Thomas W Wilbur			Date of Receipt
	Mailing Address 714 West Pine Street			12 / 29 / 4 2006
	City	State WA	Zip Code	Transaction ID: 13625876
	Newport		99156-9046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Newport Hospital and Heal- th Services	Occupation Chief Exe	n ecutive Officer and Superinte	n
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
3.	Full Name (Last, First, Middle Initial) Dr. Edward B Healton, , M.D.			Date of Receipt
	Mailing Address 102 Irving Street NW			12 29 7 2006
	City	State	Zip Code	Transaction ID: 13643401
	Washington	DC	20010-2949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer National Rehabilitation	Occupation		
	Hospital Receipt For:	1	ce President and Medical Die Year-to-Date	re
	Primary General	riggiogaio		
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Richard T Palmisano, , II, R.N.			Date of Receipt
	Mailing Address 71 Hospital Avenue			11
	City	State	Zip Code	Transaction ID: 13645354
	North Adams	MA	01247-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Adams Regional Hosp-	Occupation President		
	ital Receipt For:		Year-to-Date ▼	
	Primary General	-	750.00	
	Other (specify) ▼	0 0		
SI	UBTOTAL of Receipts This Page (optional)			875.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 198 / 226 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Jeff Collins			Date of Receipt
	Mailing Address 101 West Eighth Avenue	е		12 29 2006
	City	State	Zip Code	Transaction ID: 13653313
	Spokane	WA	99204-2307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sacred Heart Medical Cent- er	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Aven	ue		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595118313
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate	n e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		510.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1045726218313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt		ief Washington Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			310.00
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- 10	OTAL This Period (last page this line number or	7IY)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 199 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1113464218313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Section D		
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	230.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NV	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1125613618313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$20.00 Bi
	Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
— С.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows			Date of Receipt
٠.	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1260472918313
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.76
	Name of Employer American Organization of	Occupation	ı	
	Nurse Executi		of Professional Practice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$13.89 Bi- Weekly)
				57 76
s	UBTOTAL of Receipts This Page (optional)]	57.76

S	CHEDULE A (FEC Form 3X)		Han congrete ask state(-)	FOR LINE NUMBER: PAGE 200 / 226	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt	
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR327727318313	
	Lake Barrington	<u>IL</u>	60010-1939	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		40.00	
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, PMGs		
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify)		1000.00	P/R Deduction (\$40.00 Bi- Weekly)	
		0 0			
3.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt	
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR327745918313	
	Rockville	MD	20852-3249	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		40.00	
	Name of Employer American Hospital Associa-	Occupation			
	tion-Washingt		Grassroots Advocacy	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1000.00	P/R Deduction (\$40.00 Bi- Weekly)	
— Э.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt	
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR327777218313	
	Chicago	IL	60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		10.00	
	Name of Employer American Hospital Associa-	Occupation		\neg	
	tion-Chicago		Long-Term Care		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)	
s	UBTOTAL of Receipts This Page (optional)			90.00	Ī
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T	OTAL This Period (last page this line number o	nly))		_

SCHEDULE A (FEC For	m 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 201 / 226
TEMIZED RECEIPTS	•	or each category of the	(check only one)
TEMPLES RESENTES		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Ber	oorts and Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other tha	n using the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association	on PAC		
Full Name (Last, First, Middle Initial Ms. Debra J. Stock	al)		Date of Receipt
Mailing Address One North Fr	anklin		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327777818313
Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
Receipt For:		Year-to-Date ▼	7
Primary General		250.00	P/R Deduction (\$10.00 Bi-
Other (specify) ▼	0 0	230.00	Weekly)
Full Name (Last, First, Middle Initia Mr. Neil J. Jesuele	al)		Date of Receipt
Mailing Address 1003 Kimberl	y Place		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR327801718313
Great Falls	VA	22066-1546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		e Vice President	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (000 00 D'
Other (specify)		500.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initia C. Ms. Pamela Austin Thompson, RN, N	,		Date of Receipt
Mailing Address 325 Seventh Suite 700	Street, NW		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR327812018313
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	n	7
American Organization of Nurse Executi	Executive	e Director	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	' '	500.00	P/R Deduction (\$20.00 Bi- Weekly)
Other (specify)			Weekly)
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this li	ne number only)	>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 12
Δην	information copied from such Reports and Sta	tomonte may	, not be sold or used by any perso	13 14 15 16 17
or fo	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
1	Mailing Address 2401 Calvert Street, NW Apt. 1008	1		M M / D D / Y Y Y Y
(City	State	Zip Code	Transaction ID: PR327851918313
-	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		20.00
Ī	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director.	n Policy Development	
_	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
-	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858018313
-	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		40.00
Ī	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Director, AHAPAC	
1	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 11 (0.40 00 D)
	Other (specify)		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
Ī	Mailing Address One North Franklin			M " M
(City	State	Zip Code	Transaction ID: PR327877818313
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		0.16
ī	Name of Employer American Hospital Associa-	Occupation	n	
	American Hospital Associa- tion-Chicago	Regional	Executive	
I	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$0.16 Bi-W-eekly)
SU	BTOTAL of Receipts This Page (optional)			60.16
	TAI This Period (last page this line number of		<u>_</u>	

S	CHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 203 / 226
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942118313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation President		
	tion-Washingt Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	7.99.094.0		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	2000.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. James Henderson			Date of Receipt
	Mailing Address One North Franklin Stree	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328094118313
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation	n oorate Counsel	
	tion-Chicago Receipt For:		e Year-to-Date V	-
	Primary General	7.99.094.0		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	250.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136918313
	La Grange	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupation	n	1
	American Hospital Associa- tion-Chicago	Sr. Vice I	President, Member Relations	<u>: </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
				00.00
S	UBTOTAL of Receipts This Page (optional)		>	90.00
	OTAL This Period (last page this line number or	.l\	_	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		= 204 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)	¬
•			Detailed Summary Page	X 11a 11b 11c 15	$\begin{array}{c c} & 12 \\ & 16 & $
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting conti	ributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such con	nmittee.
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle					
Α.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt	
۸.	Mailing Address 5545 N. Wayne			-	YYY
	3545 IV. Wayne				
	City	State	Zip Code	Transaction ID: PR328223	3818313
	Chicago	<u>IL</u>	60640-1318	Amount of Each Receipt this	Period
	FEC ID number of contributing	С			20.00
	federal political committee.	<u> </u>			
	Name of Employer American Hospital Associa-	Occupation	1		
	American Hospital Associa- tion-Chicago	Vice Pres	sident		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, , , , , , , , , , , , , , , , , , ,	500.00	P/R Deduction (\$20.00 Bi	-
	Other (specify)			Weekly)	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 325 Seventh Street, NW			M M / D D / Y	YYY
	Suite 700				
	City	State DC	Zip Code	Transaction ID: PR328224	
	Washington	ЪС	20004-2818	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			40.00
	American Heenital Accord	Occupation			
	tion-Washingt Receipt For:		Executive Year-to-Date ▼		
	Primary General	Aggregate	: feai-lo-Dale ▼	D/D Doduction (\$40.00 Bi	
	Other (specify)		1000.00	P/R Deduction (\$40.00 Bi Weekly)	-
_	Full Name (Last, First, Middle Initial)				
C.	Dr. James D. Bentley, Ph.D.			Date of Receipt	
	Mailing Address 13106 Vingle Lane			M M / D D / Y	YYYY
	City	State	Zip Code	Transaction ID: PR328224	4918313
	Silver Spring	MD	20906	Amount of Each Receipt this	
	FEC ID number of contributing				40.00
	federal political committee.	C			40.00
	Name of Employer	Occupation	 1	\dashv	
	American Hespital Associa		President		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	1000.00	P/R Deduction (\$40.00 Bi	
	Other (specify)		1000.00	Weekly)	
6	UBTOTAL of Receipts This Page (optional)		.		100.00
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Т	OTAL This Period (last page this line number only	y)	>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 205 / 226
	·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	=			
Δ	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
٠.	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	1000 W. Faldo Way			
	City	State	Zip Code	Transaction ID: PR328241418313
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing			55.52
	federal political committee.	C		33.32
	Name of Employer	Occupation	n	-
	Name of Employer American Hospital Associa- tion-Chicago	•	Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General		500,00	P/R Deduction (\$27.78 Bi-
	Other (specify)		500.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
٥.	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			W - W / D - D / 1 - 1 - 1 - 1
	City	State	Zip Code	Transaction ID: PR328260918313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			80.00
	federal political committee.	C		80.00
	Name of Employer	Occupation	n	\dashv
	Name of Employer American Hospital Associa- tion-Washingt		e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		0000	P/R Deduction (\$80.00 Bi-
	Other (specify)		2000.00	Weekly)
•	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
٠.	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310418313
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.	0		
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Washingt	Sr. Vice	President, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		1000.00	Weekly)
_				
SI	JBTOTAL of Receipts This Page (optional)			175.52
T	OTAL This Period (last page this line number on	ly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 206 / 226
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Sta	tements may	γ not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328312718313
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		1000.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	1000.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341818313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:	· · · · · ·	Political Action & Grassroot Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	P/P Doduction (\$40.00 Pi
	Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511818313
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		95.20
				_
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Chicago Receipt For:		Year-to-Date ▼	\dashv
	Primary General	39. 39410		P/R Deduction (\$47.60 Bi-
	Other (specify) ▼	0 0	961.60	Weekly)
s	UBTOTAL of Receipts This Page (optional)		······	175.20
			•	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 207 / 226
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions colicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512018313
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA One North Franklin Street	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013418313
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Hospital Associa-	Occupation	n Psychiatric and Substance Al	
	tion-Chicago Receipt For:	·	Year-to-Date V	
	Primary General Other (specify) ▼	39 73	500.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329071318313
	Harrisburg	PA	17110-3573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa-	Occupation	n	-
	American Hóspital Associa- tion	Presiden	t, Center for Healthcare Gove	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$60.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			140.00
_	OTAL This Device (last many 45% live word)	al. ()		
- 11	OTAL This Period (last page this line number or	IIY)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 208 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions
<u>~</u>	NAME OF COMMITTEE (In Full)	Tiarrio ana aac	proces or any political committees to		20011 001111111111111111111111111111111
$ \rangle$	American Hospital Association PAC				
	American Hospital Association I AC				
	Full Name (Last, First, Middle Initial)				
A.	Mr. W. Thomas Deweese			Date of Receipt	
	Mailing Address 500 Interstate Boulevar	d South		M M / D D	/ Y Y Y Y
	City	Ctata	7in Codo		2000045740040
	City Nashville	State TN	Zip Code	Transaction ID: PF	
		IIV	37210-4634	Amount of Each Re	celpt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer American Hospital Associa-	Occupation			
	tion-Chicago		Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$4 Weekly)	0.00 Bi-
	Other (specify)		1 1 1 1 1 1 1 1	VV GERIY)	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address One North Franklin Str	eet		M M / D D	/ Y
	City	State	Zip Code	Transaction ID: PF	
	Chicago	<u> L</u>	60606	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			10.00
	federal political committee.				
	Name of Employer American Hospital Associa-	Occupation	n		
	tion-Chicago	CFO			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00	P/R Deduction (\$1	0.00 Bi-
	Other (specify)	0 0		Weekly)	
	Full Name (Last, First, Middle Initial)				
C.	Ms. Audrey L. Harris			Date of Receipt	
	Mailing Address 1136 W. Farwel			M M / D D	/ Y Y Y Y
	Unit 1W				
	City	State	Zip Code	Transaction ID: PF	
	Chicago	IL	60626-3861	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			10.00
	rederal political committee.				
	Name of Employer American Hospital Associa-	Occupation			
	tion-Chicago		e Director, ASDVS		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00	P/R Deduction (\$1 Weekly)	0.00 Bi-
	Utilei (specily) 🔻	0 0	1 1 1 1 1 1 1	VVeckiy)	
6	UBTOTAL of Receipts This Page (optional)				60.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 209 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and S	tatements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
	Mailing Address 1201 Pennsylvania Ave 5th Floor	e, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273418313
	Washington	DC	20004-2401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Strategic Health Care	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt
٥.	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330343318313
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FFC ID number of contribution			
	FEC ID number of contributing federal political committee.	C		10.00
	federal political committee. Name of Employer American Hospital Associa-	Occupation	e Services Director	10.00
	federal political committee.	Occupation Executive		10.00
	Name of Employer American Hospital Association-Chicago	Occupation Executive	e Services Director	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General	Occupation Executive	e Services Director Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Full Name (Last, First, Middle Initial) Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Executive Aggregate	e Services Director Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	Occupation Executive Aggregate	e Services Director Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt
	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes	Occupation Executive Aggregate	e Services Director Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt
	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City	Occupation Executive Aggregate	e Services Director Year-to-Date ▼ 250.00 Zip Code	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt Transaction ID: PR330475418313
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Executive Aggregate State MN C	e Services Director Year-to-Date ▼ 250.00 Zip Code 55124-9229	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR330475418313 Amount of Each Receipt this Period
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Executive Aggregate State MN C Occupation Regional	e Services Director Year-to-Date ▼ 250.00 Zip Code 55124-9229	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR330475418313 Amount of Each Receipt this Period
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Executive Aggregate State MN C Occupation Regional	e Services Director Year-to-Date ▼ 250.00 Zip Code 55124-9229 Executive	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR330475418313 Amount of Each Receipt this Period
c.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General General General	Occupation Executive Aggregate State MN C Occupation Regional Aggregate	Zip Code 55124-9229 Executive Year-to-Date 1000.00	P/R Deduction (\$10.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475418313 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the Detailed Summary Page X 11a	17
Detailed Summary Page 13	17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Jennifer E. Mallard Mailing Address 6109 North 9th Road City State Zip Code Transaction ID: PR330534318313 Arlington VA 22205-1609 FEC ID number of contributing federal political committee. C Coccupation Name of Employer Association-Washingt Receipt For: Primary General Other (specify) ▼ Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Zip Code Transaction ID: PR330547718313 Chicago IL 60611-7424 Amount of Each Receipt this Period Transaction ID: PR330547718313 Amount of Each Receipt this Period	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Jennifer E. Mallard Mailing Address 6109 North 9th Road City State Zip Code Transaction ID: PR330534318313 Arlington VA 22205-1609 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Zip Code Transaction ID: PR330547718313 Amount of Each Receipt Weekly) Date of Receipt Transaction ID: PR330547718313 Amount of Each Receipt this Period	
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Jennifer E. Mallard Mailing Address 6109 North 9th Road City State Zip Code Transaction ID: PR330534318313 Arlington VA 22205-1609 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Zip Code Transaction ID: PR330547718313 Amount of Each Receipt this Period P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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Arlington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Zip Code Chicago IL 60611-7424 Amount of Each Receipt this Period Amount of Each Receipt this Period P/R Deduction (\$20.00 Bi-Vel) Date of Receipt Transaction ID: PR330547718313 Amount of Each Receipt this Period	
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Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gene O'Dell Mailing Address City Chicago Scalar Director Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: PR330547718313 Amount of Each Receipt this Period	
tion-Washingt Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Chicago IL S1. Associate Director Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID: PR330547718313 Amount of Each Receipt this Period	
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Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Zip Code Chicago IL 60611-7424 Transaction ID: PR330547718313 Amount of Each Receipt this Period	
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FEC ID number of contributing federal political committee.	
Name of Employer Occupation American Hospital Associa- Vice President Strategic Planning	
tion-Chicago Vice i resident, Strategic i laming	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Solution (\$20.00 Bi-Weekly)	
Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe Date of Receipt	
Mailing Address One North Franklin]
City State Zip Code Transaction ID: PR330549218313	_
Chicago IL 60606-3436 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	
Name of Employer American Hospital Associa- Vice President Member Relations	
tion-Chicago Vice President, Member Relations	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ General 500.00 P/R Deduction (\$20.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 211 / 226
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776118313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.46
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio V.P., Adv	n vocacy & Member Communic	cations
	Receipt For:	1	e Year-to-Date ▼	
	Primary General		500.00	P/R Deduction (\$21.74 Bi-
	Other (specify)	0 0	300.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 2303 Burke Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304218313
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupatio		
	tion-Washingt		Advocacy and Public Policy (<u>⊃</u> p
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331379118313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		29.35
	Name of Employer	Occupatio	n	
	American Organization of Nurse Executi	Director,	Federal Relations & Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	P/R Deduction (\$14.71 Bi-
	Other (specify) ▼	0 0		Weekly)
s	UBTOTAL of Receipts This Page (optional)		·····	82.81
T	OTAL This Period (last page this line number or	ıly)	.	
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 212 / 226
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Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may l ame and addr	not be sold or used by any perso ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Judy Weinsheimer			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR331386918313
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Ass	sociate Director	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Mr. Alexander R. White, Jr.			Date of Receipt
Mailing Address PO Box 15587			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR331416018313
Austin	TX	78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.16
Name of Employer American Hospital Associa- tion	Occupation AHA Region	onal Executive for TX	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	P/R Deduction (\$0.16 Bi-W-eekly)
Full Name (Last, First, Middle Initial) C. Mr. Donald May			Date of Receipt
Mailing Address 521 Great Falls Street			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR331533218313
Falls Church	VA	22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer American Hospital Associa- tion-Washingt	1	dent, Policy	
Receipt For: Primary General	Aggregate `	Year-to-Date ▼	P/R Deduction (\$40.00 Bi-
Other (specify) ▼	0 0	1000.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			70.16
TOTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 213 / 226
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR346168118313
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.16
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive	n e Director, ASHRM	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$0.16 Bi-W-eekly)
3.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619718313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Di	ⁿ irector Executive Branch Rela	at
	Receipt For:		e Year-to-Date ▼	<u></u>
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR801366318313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Dir. Policy Developn	ne
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)		·····	30.16
T	OTAL This Period (last page this line number or	1ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 226 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Mailing Address 325 Seventh Street, NW	,		Date of Receipt
	Suite 700			
	City	State	Zip Code	Transaction ID: PR876637218313
	Washington FEC ID number of contributing	C	20004-2818	Amount of Each Receipt this Period 10.00
	Federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Senior As	ssociate Director e Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows Mailing Address 325 Seventh Street, NW			Date of Receipt
	Suite 700	State	Zip Code	Transaction ID: PR936292318313
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General		of Operations e Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	250.00	Weekly)
— Э.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt
	Mailing Address One N. Franklin Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR939603918313
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Organization of Nurse Executi Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n of Operations e Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)
S	UBTOTAL of Receipts This Page (optional)			30.00
T	OTAL This Period (last page this line number or	nlv)		168011.84

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 226 (check only one)
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\	E OF COMMITTEE (In Full) erican Hospital Association PAC			
A. Califo Mailin City Sac FEC feder	Name (Last, First, Middle Initial) prinia Healthcare Association PAC - Federal ing Address 1215 K Street Suite 800 ramento ID number of contributing ral political committee. e of Employer pipt For: Primary General Other (specify)	Occupation	Zip Code 95814 0237495 n e Year-to-Date ▼ 140000.00	Date of Receipt M M M
A Wisc Mailin City Mac FEC feder	Name (Last, First, Middle Initial) onsin Hospital Association Federal PAC ng Address 5510 Research Park Driv dison ID number of contributing ral political committee. e of Employer sipt For: Primary General Other (specify)	State WI C Coo	Zip Code 53725-9038 0359455 n e Year-to-Date ▼ 9605.29	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Califor Mailin City Sac FEC feder	Name (Last, First, Middle Initial) prinia Healthcare Association PAC - Federal and Address 1215 K Street Suite 800 Tramento ID number of contributing al political committee. The of Employer Sipt For: Primary General Other (specify)	Occupation	Zip Code 95814 0237495 n e Year-to-Date ▼ 145000.00	Date of Receipt M M
SUBTO	OTAL of Receipts This Page (optional)			21907.29
TOTAL	. This Period (last page this line number or	ly)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 226 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street		Date of Receipt
Suite 800 City Sacramento	State Zip Code CA 95814	Transaction ID: 13547890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00237495	9000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 154000.00	

SUBTOTAL of Receipts This Page (optional)	•	9000.00
TOTAL This Period (last page this line number only)	•	30907.29

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Date of Receipt 1 2 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 13620767
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		308.93
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4022.45	
3.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
	Mailing Address 1400 G Street, NW			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13640651
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		264.03
	Name of Employer C	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3713.52	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	572.96
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		_	21b 27	22 28a		23 28b	\square	24 28c	25 29	26 30b
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
Z	American Hospital Association FAC											
Α.	Full Name (Last, First, Middle Initial)									20771		
Λ.	American Express						of D	isburs			v	V
	Mailing Address Ste. 001					1 ^M 2		,) 4		ž 0 Ď (5
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	Candidate Name		_	_	egory/							
				T	/pe							
	Office Sought: House Disbut	sement For: Primary General				Bank	Fee	Э				
	President	Other (specify)										
	State: District:											
_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: 136	20768		
В.	Merchant Bankcard					Date	of D	isburs				
	Mailing Address 1601 Elm Street							/ DC) 4	/ Y	žoŏ	3 ^Y
	City	State Zip Code TX 75201				Amou	ınt c	f Each	Disk	urseme	nt this	Period
	Dallas						139.	32				
	Purpose of Disbursement Bank Fee			0	01			-	-		100.	02
	Candidate Name		Ca	ate	egory/ ype							
	Office Sought: House Disbut	sement For:	-		719-5		_					
	Senate	Primary General				Bank	re	9				
	State: President State:	Other (specify)										
	Full Name (Last, First, Middle Initial)					T		ID	100	200700		
C.	Merchant Bankcard					1		isburs		20769 It		
	Mailing Address 1601 Flm Street					1 ^M 2	М	/ D	5	/ Y	ž 0 Ŏ (3 Y
	Mailing Address 1601 Elm Street					L						
	City Dallas	State Zip Code TX 75201				Amou	ınt c	f Each	Disb	ourseme	nt this	Period
	Purpose of Disbursement	7,0201									101.	74
	Bank Fee Candidate Name		_	_	01							
	Calididate Name				egory/ /pe							
	Office Sought: House Disbut	sement For:			•	Bank	Εω	2				
	Senate	Primary General				Dank	1 6	5				
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_	Full Name (Last, First, Middle Initial)				Transaction ID: 13620772							
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C.	Citibank, F.S.B.				Date of	f Disburs			V	V		
	Mailing Address 1400 G Street, NW				1 2		20		ž 0 ŏ 6	3		
	City Washington	State Zip Code DC 20005			Amour	nt of Eac	h Disbı	ırseme				
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/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 13620774
۹.	American Express			Date of Disbursement
				12 26 YYYYY 2006
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	Chicago	IL 60679		
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Α.	Friends Of She	rrod Brown										isburs		nt		* 1/ *	14	
	Mailing Address	2280 Kresge Di Suite 800	rive							1 1	М	/ D;	3 0	Ľ	Ź	οŏε	S '	
	City Amherst			State OH	Zip Code 44001					Amou	ınt o	f Each	n Dis	burse	emen	t this I	Period	
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	Candidate Name Rep. Sherrod B	rown						egory ype	//									
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C.	Full Name (Last, F Team Sununu	First, Middle Initial)									of D	isburs			43			
	Mailing Address	PO Box 500								1 1	М	/ D;	3 0	/ [ž	0 0 6	S ^Y	
	City Rye			State NH	Zip Code 03870					Amou	ınt o	f Each	n Dis	burse	-			7
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K	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial)										_	16343	9			
	Melissa Bean For Congress							м м		burse	D .	nt / Y	Υ	Υ	Υ	
	Mailing Address Post Office Box 3068							1		3	δŎ	L	20	δ6		
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	Mailing Address PO Box 97							1	_	3	0		20	0 0		
	City Hazelwood		p Code 8738				Ar	noun	t of	Each	Dist	bursem	nent tl	his P	eriod	
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	Candidate Name Mr. Joseph Shuler					gory/ pe										
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	State: NC District: 11	Other (specify)	▼													
_	Full Name (Last, First, Middle Initial)											46514	1			
C.	Heath Shuler For Congress								_	burse		nt		V °	V	
	Mailing Address PO Box 97							1		^D 3	3 O	/ L	20	ŏ6		
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	Mr. Joseph Shuler				Ту	pe										
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Ellsworth For Congress Committee				Transaction Date of Disb		06						
	Mailing Address P.O. Box 62				- 1 1 M / D 3 D / Y Y Y O O 6 Y								
	City Evansville	State IN	Zip Code 47701		Amount of Each Disbursement this Period								
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	Candidate Name Mr. Brad Ellsworth	ala ura arra arat Farr	0000	Category/ Type									
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_	Full Name (Last, First, Middle Initial) Joe Donnelly For Congress		<u> </u>		Transaction Date of Disb			Y					
	Mailing Address P.O. Box 1961 Century Building				1 1 1	30	žoŏ	6					
	City South Bend	State IN	Zip Code 46634		Amount of E	ach Disburse							
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_	Full Name (Last, First, Middle Initial) VINEPAC: Victory in November Elect	ion PAC			Transaction Date of Disb		'25						
	Mailing Address 607 14th St. NW Suite 800				12 /	13 /	ŽOĎ	6 ^Y					
	City Washington	State DC	Zip Code 20005		Amount of E	ach Disburse							
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name														IS
abla	NAME OF COMMITTEE (In Full)														
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	Mailing Address 607 - 14th Street, NW Suite 800							1 ^M 2	М	/	13		Y	Ó 0 Ó 0	6 ^Y
	City Washington	State DC	Zip Code 20005					Amount of Each Disbursement this Period							Period
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В.	Paul Hodes For Congress							Date		isbu		ent		/ * V *	V
	Mailing Address 26 South Main Street, #2	:53						1 2	IVI	Ĺ	1 3		2	2 o ŏ (3 '
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	Mailing Address 20 Park Road, Suite E							^M 2	М	/	15	′ [Y	2 o ŏ e	3 Y
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	y Information copied from such Reports and State or commercial purposes, other than using the nan								3				
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
۹.	Full Name (Last, First, Middle Initial) Heather Wilson For Congress				Transaction ID: 13645417 Date of Disbursement								
	Mailing Address P.O. Box 14070				12								
	City Albuquerque	State Zip Code NM 87191			Amount of Each Disbursement this Period								
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	Candidate Name Rep. Heather A. Wilson			Category/ Type									
	Senate President	ement For: 2006 Primary Gener Other (specify)	al .		Contribu	tion							
3.	Full Name (Last, First, Middle Initial) People For English	io ocam rama			Date of D	ion ID: 13547		Υ	Y				
	Mailing Address PO Box 1940				1 2	1 9	2	0 ŏ 6					
	City Erie	State Zip Code PA 16507			Amount o	f Each Disbur			-				
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D.	Full Name (Last, First, Middle Initial) Goode For Congress					ion ID: 1363	5435						
	Mailing Address 235 South Main Street				1 ^M 2 M	20	Y Z	0 Ď 6	Y				
	City Rocky Mount	State Zip Code VA 24151			Amount o	of Each Disbur	sement	this P	eriod				
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	Candidate Name Rep. Virgil H. Goode, Jr.			Category/ Type									
	Office Sought: X House Senate President State: VA District: 5	ement For: 2006 Primary X Gener Other (specify)	ral		Void of 1	0/06 check							
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NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) A. Bob Goodlatte For Congress Committee			Transaction ID: 13635436 Date of Disbursement		
Mailing Address P.O. Box 292			12 7 29	Y 2006	
City Roanoke	State Zip Code VA 24002		Amount of Each Di	isbursement this Period	
Purpose of Disbursement Void of 10/06 check		011		-1000.00	
Candidate Name Rep. Robert W. Goodlatte		Category/ Type			
Office Sought: X House Senate President State: VA District: 6	sement For: 2006 Primary X General Other (specify) ▼		Void of 10/06 check		
Full Name (Last, First, Middle Initial) Hayes For Congress			Transaction ID: 13656514 Date of Disbursement		
Mailing Address Post Office Box 2000			12 / 29	2006	
City Concord	State Zip Code NC 28026		Amount of Each Di	isbursement this Period	
Purpose of Disbursement Void of 8/3/06 Check 011				-2000.00	
Candidate Name Rep. Robin C. Hayes		Category/ Type			
Office Sought: X House Disburs Senate President State: NC District: 8	sement For: 2006 Primary X General Other (specify) ▼		Void of 8/3/06 Check		
Full Name (Last, First, Middle Initial) Western Action PAC			Transaction ID: 10		
Mailing Address P.O. Box 982			12 D 29	Y 2006	
City Casper	State Zip Code WY 82602		Amount of Each Di	isbursement this Period	
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